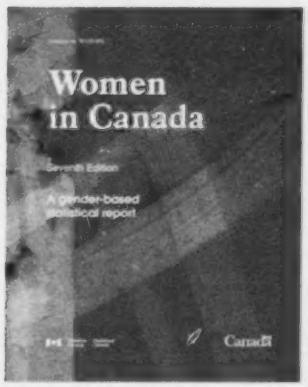
Catalogue no. 89-503-X

Women in Canada: A Gender-based Statistical Report

The Girl Child



by Tamara Hudon

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^{p} preliminary
^{r} revised
x suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E} use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)

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The Girl Child

Introduction

This chapter describes the demographic characteristics of girls in Canada and presents several topics related to their well-being. The chapter uses the United Nations definition of a child, which specifies girls and boys as persons aged 17 and under.[1] Broad themes include living arrangements, socioeconomic conditions, physical health and development, mortality, emotional and social health and development, childcare, school readiness, education, and personal security. These themes are inspired by the well-being framework used by the Organisation for Economic Co-operation and Development (OECD).[2,3,4,5] However, particular indicators have been adapted and expanded to reflect Canadian data sources.

A well-being framework is used to describe girls in Canada for several reasons. Firstly, although understanding childhood well-being is inherently valuable from a children's rights perspective, past literature shows that childhood well-being and adulthood well-being are related.[6] Monitoring childhood well-being, therefore, is useful for identifying opportunities for early intervention policy. Secondly, several international organizations have taken a well-being approach to describing the lives of children.[7,8,9] This helps place the findings of this chapter in a global context. Finally, although many public data sources present child well-being statistics at an aggregate level, this chapter provides statistics disaggregated by sex and, where possible, by smaller age groupings and other characteristics. This enables an overview of child well-being in Canada from a gender-based perspective.

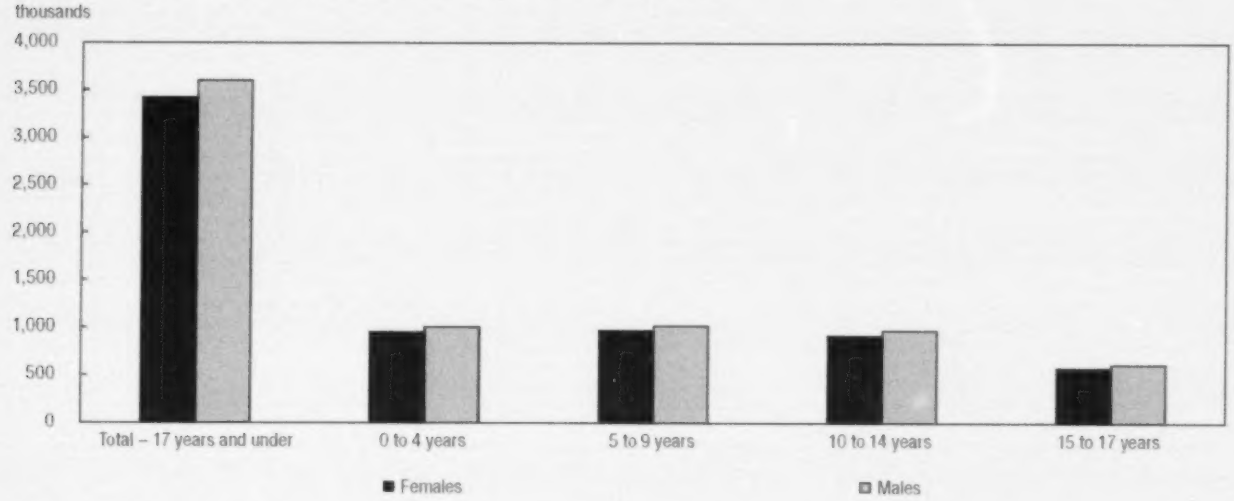
Demographic information

There are more than 3 million girls in Canada

On July 1, 2016, there were approximately 3.4 million girls and 3.6 million boys in Canada (Chart 1).[10] A smaller number of girls than boys is consistent with Canada's sex ratio at birth—typically 100 girls for every 105 boys—and occurs naturally in human populations.[11,12]

1. United Nations. 1989. *Convention on the Rights of the Child*.
2. The Organisation for Economic Co-operation and Development (OECD), of which Canada is a member, is a group of 35 democratic countries with market economies, whose stated mission is to promote policies to improve the economic and social well-being of people around the world.
3. Organisation for Economic Co-operation and Development. 2009. *Doing Better for Children. DOI*: 10.1787/9789264059344-en.
4. The OECD framework specifies six dimensions of child well-being: "material well-being, housing and environment; education; health and safety; risk behaviours; and quality of school life."
5. Organisation for Economic Co-operation and Development. 2015. *How's Life? 2015: Measuring Well-being. DOI*: http://dx.doi.org/10.1787/how_life-2015-en.
6. For a review, see Organisation for Economic Co-operation and Development. 2015. *How's Life? 2015: Measuring Well-being. DOI*: http://dx.doi.org/10.1787/how_life-2015-en.
7. Organisation for Economic Co-operation and Development. 2009. *Doing Better for Children. DOI*: 10.1787/9789264059344-en.
8. United Nations Children's Fund (UNICEF). 2016. "Fairness for children: A league table of inequality in child well-being in rich countries." *Innocenti Report Card no. 13*.
9. World Health Organization. *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*: Health Behaviour in School-aged Children (HBSC) study: International Report from the 2013/2014 Survey. J. Inchley, D. Currie, T. Young, et al., eds. Copenhagen. World Health Organization (WHO) Regional Office for Europe. Available at http://www.hbsc.org/publications/international/ (accessed July 26, 2016).
10. Statistics Canada. *Table* 051-0001 *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted)*. CANSIM (database).
11. For information on sex ratios across the lifespan, see A. Milan, 2015, "Female population," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
12. Hesketh, T., and Z.W. Xing. 2006. "Abnormal sex ratios in human populations: causes and consequences." *Proceedings of the National Academy of Sciences*, vol. 103, no. 36.

Chart 1
Population aged 17 and under, by age group and sex, Canada, July 1, 2016



Notes: Postcensal estimates are based on the 2011 Census of population counts adjusted for census net undercoverage and the components of demographic growth that occurred since that census. 2016 data are preliminary estimates.
Source: Statistics Canada, Population Estimates, CANSIM Table 051-0001.

On July 1, 2016, girls represented 9.4% of Canada's total population (data not shown) and 18.7% of Canada's female population (Table 1). In some provinces and territories, girls made up a larger share of the female population due to differences in population age structure. For example, in Nunavut, where the median age of females is about 26 years, more than one-third (36.4%) of females were girls aged 17 and under. In contrast, in Nova Scotia, where the median age of the female population is about 46 years, 16.4% of females were children. The distribution of boys in Canada's total population and male population was similar to that observed for girls.

Table 1
Children aged 17 and under as a proportion of the total population, by sex, Canada, provinces and territories, July 1, 2016

	Females		Males	
Region	number	as a percentage of the total female population in the region	number	as a percentage of the total male population in the region
Canada	**3,418,690**	**18.7**	**3,599,989**	**20.0**
Newfoundland and Labrador	44,564	16.6	46,523	17.8
Prince Edward Island	13,936	18.3	14,410	19.9
Nova Scotia	79,361	16.4	84,297	18.1
New Brunswick	65,358	17.1	69,052	18.5
Quebec	750,828	17.9	787,341	19.0
Ontario	1,312,525	18.5	1,382,649	20.1
Manitoba	145,250	21.9	152,245	23.2
Saskatchewan	128,303	22.5	134,818	23.2
Alberta	452,839	21.6	476,466	22.1
British Columbia	410,009	17.1	435,854	18.5
Yukon	3,692	20.0	3,937	20.7
Northwest Territories	5,499	25.2	5,682	25.1
Nunavut	6,526	36.4	6,715	35.0

Notes: Postcensal estimates are based on the 2011 Census of population counts adjusted for census net undercoverage and the components of demographic growth that occurred since that census. 2016 data are preliminary estimates.
Source: Statistics Canada, CANSIM table 051-0001.

Diversity among girls and boys in Canada

Girls and boys in Canada have diverse ethno-cultural backgrounds. Data from the 2011 National Household Survey showed that Aboriginal children represented about 7% of all children in Canada. Among Aboriginal girls, 65.7% were First Nations, 27.0% were Métis, 5.0% were Inuit. Slightly less than 1.0% had more than one Aboriginal identity. A further 1.4% of Aboriginal girls did not identify with a particular Aboriginal group, but had registered Indian status and/or were a member of an Indian band (Table 2). The distribution of Aboriginal identities among Aboriginal girls and boys was similar.

Table 2
Aboriginal identity population aged 17 and under, by sex, Canada, 2011

Aboriginal identity	Females		Males	
	number	percent	number	percent
Total Aboriginal identity population	**232,800**	**100.0**	**245,160**	**100.0**
First Nations single identity	152,935	65.7	159,625	65.1
Métis single identity	62,820	27.0	68,140	27.8
Inuit single identity	11,685	5.0	12,160	5.0
Multiple Aboriginal identities	2,160	0.9	2,190	0.9
Aboriginal identities not included elsewhere	3,195	1.4	3,055	1.2

Notes: "Multiple Aboriginal identities" includes persons who reported being any two or all three of the following: First Nations (North American Indian), Métis or Inuk (Inuit). "Aboriginal identities not included elsewhere" includes persons who did not report being First Nations (North American Indian), Métis or Inuk (Inuit) but who did report Registered or Treaty Indian status and/or membership in a First Nation/Indian band.
Source: Statistics Canada, National Household Survey, 2011.

In 2011, more than 1 in 5 girls (23.9%) and boys (23.6%) belonged to a visible minority group.[13] The largest three visible minority groups were South Asian, Black, and Chinese. They represented 25.9%, 19.0%, and 16.7% of all visible minority girls, respectively (Table 3). A similar distribution of visible minority groups was observed among boys.

Table 3
Visible minority groups, population aged 17 and under, by sex, Canada, 2011

Visible minority group	Females		Males	
	number	percent	number	percent
Total visible minority population	**798,670**	**100.0**	**837,225**	**100.0**
South Asian	206,710	25.9	223,740	26.7
Black	151,570	19.0	153,730	18.4
Chinese	133,325	16.7	132,525	15.8
Filipino	74,830	9.4	81,375	9.7
Arab	56,680	7.1	59,040	7.1
Latin American	41,355	5.2	44,065	5.3
Southeast Asian	35,935	4.5	38,810	4.6
West Asian	23,075	2.9	24,510	2.9
Korean	17,210	2.2	19,705	2.4
Japanese	10,055	1.3	10,675	1.3
Other visible minority	14,840	1.9	14,365	1.7
Multiple visible minorities	33,080	4.1	34,700	4.1

Note: The term "visible minority" is used to define one of four designated groups under the *Employment Equity Act*. Within this context, visible minorities are defined as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."
Source: Statistics Canada, National Household Survey, 2011.

In 2011, 7.7% of girls and 7.5% of boys were immigrants to Canada, having been granted the right to live in Canada permanently. Less than 1% of girls and boys were non-permanent residents.[14] The rest, 91.6% of girls and 91.8% of boys, were Canadian-born.

Another way to look at the diversity of children in Canada is to consider generational status. This concept considers whether individuals were, themselves, born in Canada or abroad, and whether they have a parent or parents who were born abroad. In 2011, 8.8% of girls and 8.6% of boys were identified as being first generation in Canada; that is to say that they, themselves, were born outside of Canada (data not shown). Another 25.8% of girls and 25.9% of boys were second generation in Canada. These children were born in Canada, but had at least one parent who was born abroad.

13. The term "visible minority" is used to define one of four designated groups under the *Employment Equity Act*. Within this context, visible minorities are defined as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."
14. The term "non-permanent resident" refers to a person from another country who has a work or study permit or who is a refugee claimant, and to any non-Canadian-born family member living in Canada with this person.

Older children were more likely than younger ones to have been the first generation of their family in Canada. For example, while 3.6% of girls aged 4 and under were identified as being first generation, this was the case for 12.4% of girls aged 15 to 17 (data not shown). Meanwhile, younger children were more likely than older ones to be second generation in Canada. Nearly one-third of girls aged 4 and under (30.0%) were born in Canada and had at least one foreign-born parent, compared with 22.2% of girls aged 15 to 17. The relationship between age and generation status was the same for boys.

Living arrangements

Nearly 1 in 5 girls and boys live with a lone parent

According to the 2011 National Household Survey, nearly all girls and boys aged 17 and under (98.7% and 98.8%, respectively) were children living in census families with two parents (i.e., couple parents), with a lone parent or, with at least one grandparent with no parent present (Table 4).[15,16] Girls and boys most commonly lived with couple parents (78.5% and 78.7%, respectively). Additionally, nearly 1 in 5 girls and boys lived with a lone parent (19.7% and 19.5%, respectively). The likelihood of living with couple parents decreased with age. For example, while 84.4% of girls aged 4 and under lived with couple parents, this was the case for 71.8% of girls aged 15 to 17. This decrease corresponded with an increase in children living with a lone parent, from 14.5% of girls aged 4 and under to 24.1% of girls aged 15 to 17. A similar pattern was observed among boys.

A small proportion of 15- to 17-year-olds were living in census families not as children, but rather as part of a census family couple or as a lone parent (both less than 1%). Although the proportion of 15- to 17-year-olds living in couples or as a lone parent was small, it is notable that there were more than two-and-a-half times as many females (4,835) than males (2,005) living in this type of situation.

Table 4
Population aged 17 and under, by living arrangement, age group and sex, Canada, 2011

	Total – 0 to 17 years		0 to 4 years		5 to 9 years		10 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males
Living arrangement	percent									
In a census family[1]	**98.9**	**98.9**	**99.3**	**99.3**	**99.3**	**99.2**	**99.0**	**99.0**	**97.4**	**97.7**
Children in a census family[2]	98.7	98.8	99.3	99.3	99.3	99.2	99.0	99.0	96.6	97.4
With couple parents	78.5	78.7	84.4	84.5	79.7	80.0	76.0	76.2	71.8	72.3
With lone parent	19.7	19.5	14.5	14.4	19.0	18.6	22.4	22.2	24.1	24.2
With grandparent(s) only	0.6	0.6	0.4	0.3	0.5	0.6	0.7	0.7	0.7	0.8
In a couple or lone parent[3]	0.1	0.1	...	...	...	...	...	...	0.8	0.3
Not in a census family	**1.1**	**1.1**	**0.7**	**0.7**	**0.7**	**0.8**	**1.0**	**1.0**	**2.6**	**2.3**
Foster children	0.5	0.6	0.5	0.5	0.5	0.5	0.6	0.6	0.7	0.7
Others not in a census family	0.6	0.5	0.2	0.3	0.2	0.2	0.4	0.3	1.8	1.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

... not applicable

1. A census family refers to a married couple (with or without children), a common-law couple (with or without children) or a lone-parent family.
2. Children in census families refer to daughters and sons, regardless of age, who do not have their own married spouse, common-law partner or children in the same household.
3. Refers to persons who are part of a couple or who are lone parents. This concept applies only to persons aged 15 years and over.

Source: Statistics Canada, National Household Survey, 2011.

The proportion of girls and boys, who were not living in a census family, increased with age. Persons not living in census families include those reported as foster children, as well as those in other situations, which include living alone, living with relatives (e.g., an aunt or uncle), and living with non-relatives only. Although the proportion of foster children was relatively consistent across age groups, the proportion of children living in other situations increased with age. Among 15- to 17-year-olds, 1.8% of girls and 1.6% of boys were living alone, living with non-relatives, or living with extended relatives. This proportion was higher among girls (2.6%) and boys (2.4%) who belonged to a visible minority group. It was also higher among immigrant girls (2.4%) and boys (2.3%). Previous research has shown that immigrant and visible minority women and men are more likely to live with extended family members, and less likely to live alone or with non-relatives only than people who are not immigrants or who do not belong to a visible minority group.[17,18]

15. A census family refers to a married couple (with or without children), a common-law couple (with or without children), or a lone-parent family. Children in census families are biological sons and daughters, stepsons and stepdaughters, or adopted sons and daughters (regardless of age or marital status) who are living in the same dwelling as their parent(s), or grandchildren in households where there are no parents present.
16. For more information on the living arrangements of girls and boys, e.g., trends in the marital status of parents and prevalence of stepfamilies, see A. Milan, 2015, "Families and living arrangements," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
17. Hudon, T. 2016. "Visible minority women," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
18. Hudon, T. 2015. "Immigrant women," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.

Past research using 2011 National Household Survey data has also shown that Aboriginal children aged 14 and under are more likely than non-Aboriginal children to be reported as foster children (3.6% versus 0.3%) or as children of lone parents (34.4% versus 17.4%).[19] The 2011 National Household Survey also showed that variation by Aboriginal identity existed for girls and boys aged 15 to 17 (Table 5).

For example, First Nations (86.5%), Inuit (86.9%) and Métis (93.5%) girls aged 15 to 17 were less likely than non-Aboriginal girls (97.2%) to be children in a census family. On the other hand, they were more likely than non-Aboriginal girls to be living as a couple (with or without children) or as a lone parent. This was the living arrangement for 4.7% of First Nations, 6.4% of Inuit and 1.4% of Métis girls aged 15 to 17, while this was the case for less than 1% of non-Aboriginal girls in the same age group.

Table 5
Population aged 15 to 17, by living arrangement, Aboriginal identity and sex, Canada, 2011

	Total Aboriginal identity population		First Nations single identity		Métis single identity		Inuit single identity		Non-Aboriginal identity population	
	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males
Living arrangement	percent									
In a census family[1]	**92.5**	**92.5**	**91.3**	**91.0**	**95.0**	**95.2**	**93.3**	**92.6**	**97.8**	**98.0**
Children in a census family[2]	88.8	90.8	86.5	88.9	93.5	94.5	86.9	88.7	97.2	97.8
With couple parents	52.5	54.3	47.8	49.0	60.8	63.1	58.9	58.7	73.2	73.6
With lone parent	33.1	32.7	34.9	35.2	30.6	29.4	25.1	26.8	23.5	23.7
With grandparent(s) only	3.2	3.9	3.9	4.8	2.1	1.9	3.1	3.2	0.6	0.6
In a couple or lone parent[3]	3.7	2.1	4.7	2.1	1.4	0.7	6.4	3.9	0.8	0.2
Not in a census family	**7.5**	**7.5**	**8.8**	**9.0**	**5.1**	**4.8**	**6.7**	**7.4**	**2.2**	**2.0**
Foster children	2.9	3.6	3.7	4.5	1.5	2.3	1.7	1.6	0.6	0.5
Others not in a census family	4.6	3.9	5.1	4.5	3.5	2.5	5.0	5.8	1.6	1.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

1. A census family refers to a married couple (with or without children), a common-law couple (with or without children) or a lone parent family.
2. Children in census families refer to daughters and sons, regardless of age, who do not have their own married spouse, common-law partner or children in the same household.
3. Refers to persons who are part of a couple or who are lone parents. This concept only applies to persons aged 15 years and over.

Notes: The total Aboriginal identity population includes the categories "Multiple Aboriginal identities" and "Aboriginal identities not included elsewhere". "Multiple Aboriginal identities" includes persons who reported being any two or all three of the following: First Nations (North American Indian), Métis or Inuk (Inuit). "Aboriginal identities not included elsewhere" includes persons who did not report being First Nations (North American Indian), Métis or Inuk (Inuit) but who did report Registered or Treaty Indian status and/or membership in a First Nation/Indian band.

Source: Statistics Canada, National Household Survey, 2011.

Aboriginal girls were also more likely than non-Aboriginal girls to be living outside of a census family, either as foster children or in other situations, such as alone, with non-relatives only, or with extended family. For example, 3.7% of First Nations, 1.7% of Inuit and 1.5% of Métis girls aged 15 to 17 were foster children, compared with less than 1% of non-Aboriginal girls in the same age group. Similar patterns were observed among same-aged Aboriginal males. As in the non-Aboriginal population, Aboriginal females in this age group were more likely than Aboriginal males to be part of a couple or to be a lone parent.

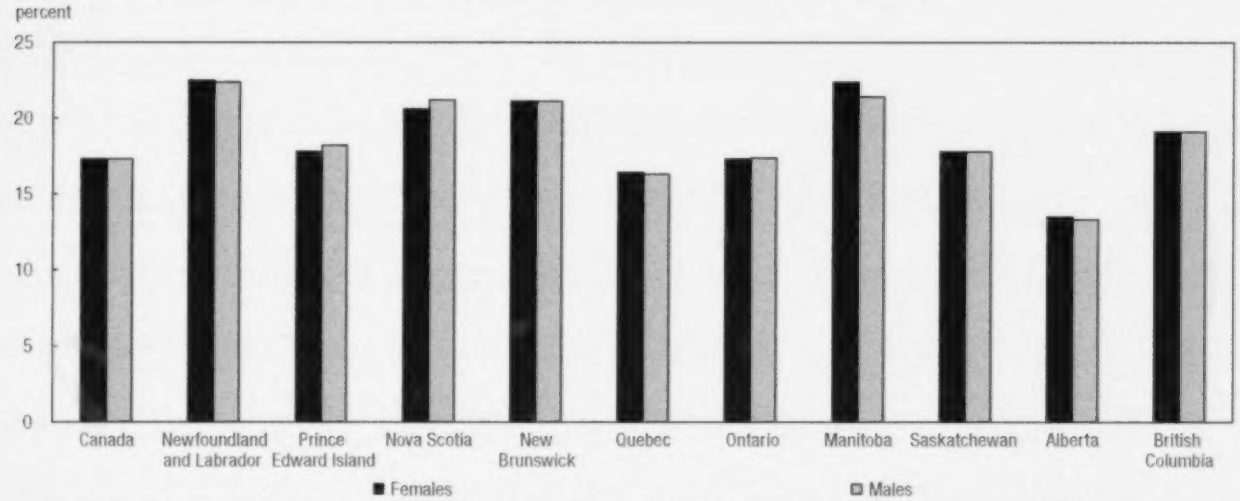
Socioeconomic conditions

About 4 in 10 girls and boys living with a lone parent are in a low-income situation

In 2011, 17.3% of girls and boys aged 17 and under, living in the provinces, were in a low-income household according to the low-income measure after tax (LIM-AT).[20,21] The prevalence of children living in low-income households varied across the provinces. Newfoundland and Labrador had the highest proportion of girls (22.5%) and boys (22.4%) living in low-income households (Chart 2). In contrast, low-income prevalence was lowest among girls (13.5%) and boys (13.3%) living in Alberta.

19. Turner, A. 2016. "Living arrangements of Aboriginal children aged 14 and under." Insights on Canadian Society. Statistics Canada Catalogue no. 75-006-X.
20. Analysis in this section uses the low-income measure after tax (LIM-AT). LIM-AT is a relative measure of low income, set at 50% of adjusted median household income. The measure adjusts for the number of persons present in the household, reflecting the economies of scale inherent in household size. All household members are attributed the same income status.
21. For the 2011 National Household Survey, the low-income concepts were not applied in the territories and in certain areas based on census subdivision type (such as Indian reserves). The existence of substantial in-kind transfers (such as band housing) and sizeable barter economies or consumption from own production (such as product from hunting or fishing) could have made the interpretation of low-income rates more difficult.

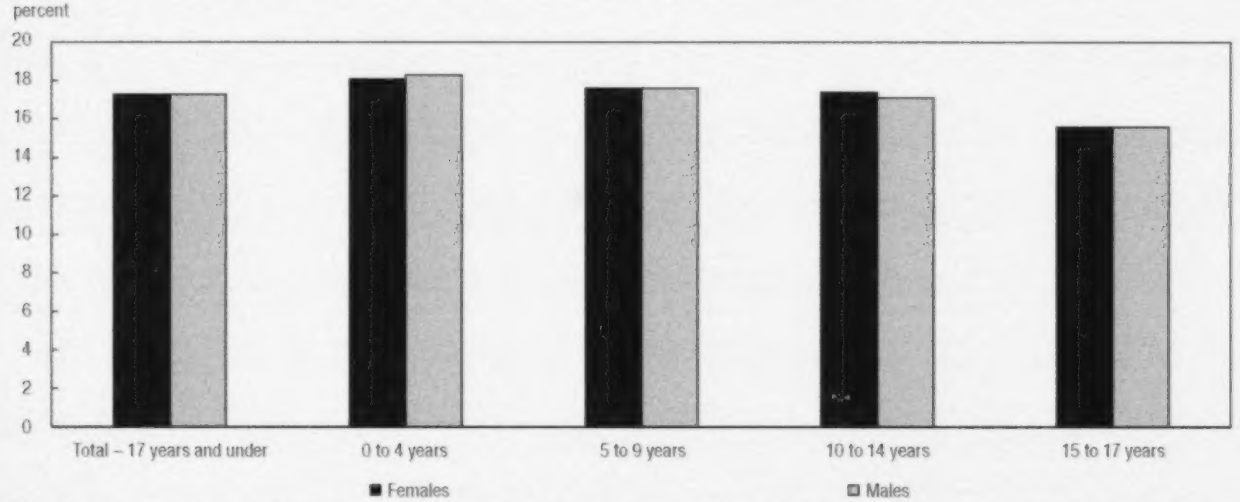
Chart 2
Prevalence of low income after tax (LIM-AT), population aged 17 and under, by sex, Canada,[1] provinces, 2011



1. For the 2011 National Household Survey, the low-income concepts were not applied in the territories and in certain areas based on census subdivision type (such as Indian reserves).
Notes: The low-income measure after tax (LIM-AT) is a relative measure of low income, set at 50% of adjusted median household income. The measure adjusts for the number of persons present in the household, reflecting the economies of scale inherent in household size. All household members are attributed the same income status.
Source: Statistics Canada, National Household Survey, 2011.

The likelihood of living in a low-income household decreased with age. For example, while 18.1% of girls aged 4 and under were living in a low-income household, this was the case for 15.6% of girls aged 15 to 17 (Chart 3). The same pattern was observed among boys.

Chart 3
Prevalence of low income after tax (LIM-AT), population aged 17 and under, by age group and sex, Canada,[1] 2011



1. For the 2011 National Household Survey, the low-income concepts were not applied in the territories and in certain areas based on census subdivision type (such as Indian reserves).
Notes: The low-income measure after tax (LIM-AT) is a relative measure of low income, set at 50% of adjusted median household income. The measure adjusts for the number of persons present in the household, reflecting the economies of scale inherent in household size. All household members are attributed the same income status.
Source: Statistics Canada, National Household Survey, 2011.

In addition to the differences observed by age group, the proportion of children living in a low-income household varied substantially by living arrangement. Girls and boys who were living outside of a census family, as foster children or in other arrangements, were more likely than those living in a census family to be in a low-income household. While 17.1% of girls living in a census family were in a low-income situation, this was the case for 35.8% of girls who were not living in a census family (Table 6). This pattern was also observed among boys.

Table 6

Prevalence of low income after tax (LIM-AT),[1] population aged 17 and under, by living arrangement, age group and sex, Canada,[2] 2011

	Total – 0 to 17 years		0 to 4 years		5 to 9 years		10 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males
Living arrangement	percent									
All living arrangements	**17.3**	**17.3**	**18.1**	**18.3**	**17.6**	**17.6**	**17.4**	**17.1**	**15.6**	**15.6**
In a census family[3]	**17.1**	**17.1**	**18.0**	**18.2**	**17.5**	**17.5**	**17.3**	**16.9**	**15.0**	**15.2**
Children in a census family[4]	17.1	17.1	18.0	18.2	17.5	17.5	17.2	16.9	14.9	15.1
With couple parents	11.7	11.7	12.9	12.9	11.9	11.8	11.6	11.3	9.5	9.8
With lone parent	38.6	39.0	49.0	50.1	40.9	42.0	36.2	36.2	30.5	30.5
With lone parent mother	42.0	42.5	53.1	54.0	44.3	46.0	39.3	39.2	33.1	32.8
With lone parent father	21.8	23.2	22.7	23.6	22.9	22.8	22.0	23.7	19.9	22.7
With grandparent(s) only	33.3	32.9	35.7	35.4	38.6	32.6	31.5	32.4	29.0	32.4
In a couple or lone parent[5]	44.7	36.4	...	...	...	...	...	...	44.8	36.8
Not in a census family	**35.8**	**35.1**	**34.0**	**31.3**	**35.2**	**36.7**	**37.3**	**37.4**	**35.8**	**34.6**
Foster children	35.9	37.3	36.4	34.6	36.0	40.0	37.5	39.1	33.4	34.8
Others not in a census family	35.6	32.6	29.3	25.8	33.7	28.5	36.9	33.8	36.8	34.5

... not applicable

1. The low-income measure after tax (LIM-AT) is a relative measure of low income, set at 50% of adjusted median household income. The measure adjusts for the number of persons present in the household, reflecting the economies of scale inherent in household size. All household members are attributed the same income status.
2. For the 2011 National Household Survey, the low-income concepts were not applied in the territories and in certain areas based on census subdivision type (such as Indian reserves).
3. A census family refers to a married couple (with or without children), a common-law couple (with or without children) or a lone parent family.
4. Children in census families refer to daughters and sons, regardless of age, who do not have their own married spouse, common-law partner or children in the same household.
5. Refers to persons who are part of a couple or who are lone parents. This concept only applies to persons aged 15 years and over.

Source: Statistics Canada, National Household Survey, 2011.

Importantly, however, the lower prevalence of low income among those living in census families was primarily due to a lower incidence of low income among children living with couple parents. While 11.7% of girls living with couple parents were in a low-income household, this was the case for 38.6% of girls living with a lone parent. Notably, girls living with a lone mother were about twice as likely as girls living with a lone father to be in a low-income household (42.0% versus 21.8%). Prevalence of low income was highest for girls aged 4 and under, who were living with a lone mother (53.1%). The same pattern was observed among boys.

As discussed earlier in this chapter, a small proportion of 15- to 17-year-olds live in census families not as children, but rather as part of a couple or as a lone parent. Among girls aged 15 to 17, prevalence of low income was highest in this type of living situation and higher than among same-aged boys also living as part of a couple or as a lone parent (44.8% versus 36.8%).

Low-income prevalence was higher in some subpopulations. Nearly one-third of Aboriginal girls (30.9%) and boys (30.4%) living in the provinces and not living on-reserve were in a low-income household.[22] In comparison, this was the case for 16.6% of both non-Aboriginal girls and non-Aboriginal boys living in the provinces. Among girls, 37.1% of First Nations, 23.1% of Métis and 22.3% of Inuit children were living in a low-income household. The proportions were similar for First Nations (36.1%), Métis (23.7%) and Inuit (25.2%) boys (data not shown).

About one-quarter of girls (25.2%) and boys (25.0%) belonging to a visible minority group were in a low-income household in 2011. In comparison, 14.8% of both girls and boys who did not belong to a visible minority group were in a low-income household. Immigrant girls (31.1%) and boys (31.7%) were also more likely to be in a low-income situation than were Canadian-born girls and boys (both 15.9%) (data not shown).

More than one-third of children in census families live with a university-educated parent

There is a strong correlation between the education of parents and their children's educational outcomes. For example, children with one or two parents, who have a university degree,[23] are more likely than other children to graduate from university programs themselves.[24] In the following analysis, the educational qualifications of children's parents are examined.[25]

In 2011, more than three-quarters of girls (78.1%) and boys (77.9%) in census families lived with a parent who had a postsecondary qualification (data not shown). More than one-third of girls (36.5%) and boys (36.4%) lived with a parent who had a university degree.

22. For the 2011 National Household Survey, the low-income concepts were not applied in the territories and in certain areas based on census subdivision type (such as Indian reserves).
23. The term "university degree" includes "bachelor's degree," "university certificate or diploma above bachelor level," "degree in medicine, dentistry, veterinary medicine or optometry," "master's degree," and "earned doctorate."
24. Turcotte, M. 2011. "Intergenerational education mobility: University completion in relation to parents' education level." *Canadian Social Trends*. Statistics Canada Catalogue no. 11-008-X.
25. Children are included in the analysis if they are the children of either couple parents or lone parents in a census family (i.e., children in a census family). In a small proportion of cases, this also includes children who are living with grandparents in the absence of a parent. In the case of couple parents, children are considered as living with a parent with a postsecondary qualification if either parent has a certificate, diploma or degree above the high school level. They are considered as living with a parent with a university degree if either parent has a bachelor's level degree or higher.

Over the last two decades, the proportion of women and men who have a university degree has increased.[26] As a result of this trend, younger children, whose parents are also typically younger, were more likely than older children to be living with a parent with a university degree. For example, among children in census families, 41.0% of girls and 40.8% of boys under the age of 5 had a university-educated parent, compared with 30.8% of girls and 30.5% of boys aged 15 to 17 (data not shown).

Aboriginal children in census families were less likely than non-Aboriginal children to be living with a parent who has a postsecondary qualification (56.3% versus 79.5%). Specifically, 50.6% of First Nations, 69.0% of Métis and 46.5% of Inuit girls in census families lived with a parent who had a postsecondary qualification (data not shown).

The educational gap was larger when considering only parents with a university degree: 13.2% of Aboriginal children in census families lived with a parent who had a university degree, while this was the case for 38.1% of non-Aboriginal children. Indeed, 11.1% of First Nations, 17.7% of Métis and 7.9% of Inuit girls lived with a parent who had a university degree. The distribution of parental educational qualifications was similar for First Nations, Métis and Inuit boys.

Some Canadian immigration programs use educational qualifications as a selection criterion.[27] As a reflection of this, immigrant children were more likely than Canadian-born children to be living with a parent with a postsecondary qualification. More than 8 in 10 immigrant girls (83.9%) and boys (84.1%) in census families lived with a parent who had a postsecondary qualification (data not shown). In comparison, this was the case for 77.6% of Canadian-born girls and 77.4% of Canadian-born boys. Moreover, 59.1% of immigrant girls and 58.8% of immigrant boys in census families lived with a parent who had a university degree, compared with 34.5% of Canadian-born girls and 34.4% of Canadian-born boys.

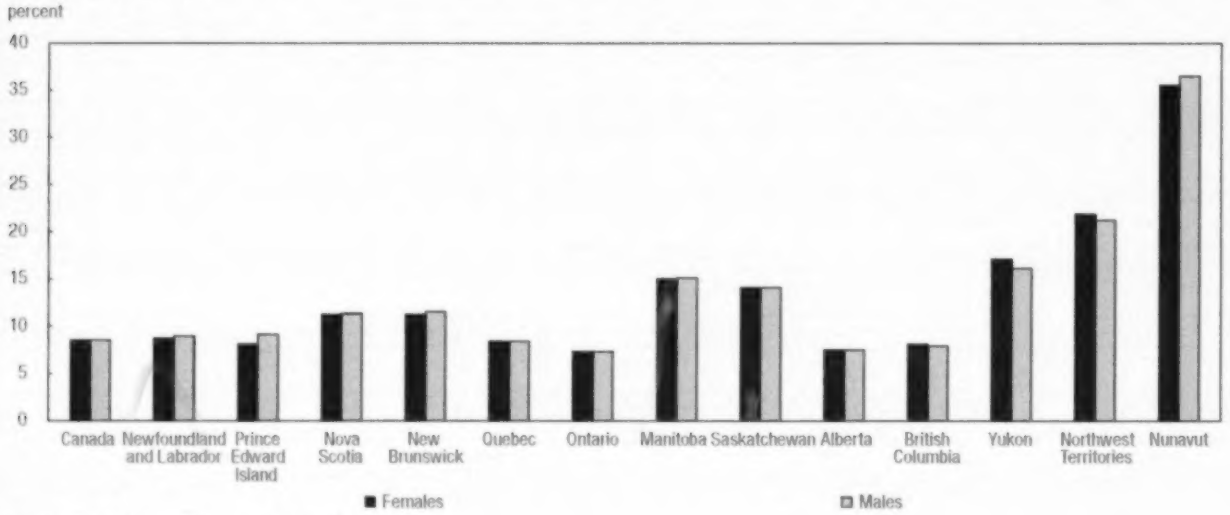
Visible minority children in census families were slightly less likely than children in census families, who did not belong to a visible minority group, to be living with a parent with a postsecondary qualification. This was the case for 77.2% of visible minority girls and 77.1% of visible minority boys, compared with 78.3% of girls and 78.2% of boys, who did not belong to a visible minority group (data not shown). On the other hand, it was more common for visible minority girls and visible minority boys (both 45.8%) to be living with a university-degree-holding parent than for girls (33.6%) and boys (33.4%) who did not belong to a visible minority group.

Almost one-quarter of both Aboriginal girls and boys live in housing in need of major repair

Previous research has shown that living in housing that requires major repairs is related to poorer health outcomes, including lower self-reported ratings on general and mental health and a greater likelihood of chronic conditions.[28] The 2011 National Household Survey showed that 8.5% of girls aged 17 and under were living in housing that needed major repairs, for example, in housing with defective plumbing or electrical wiring or in need of structural repairs to walls, floors or ceilings (Chart 4). This proportion was smaller among girls in Ontario (7.3%) and Alberta (7.5%), and higher among girls in Saskatchewan (14.1%) and Manitoba (15.0%). The proportion of girls living in housing in need of major repairs was highest in the territories. This was the housing situation of 17.1% of girls in Yukon, 21.9% of girls in the Northwest Territories and 35.5% of girls living in Nunavut. These proportions were similar for boys.

26. Ferguson, S.-J. 2016. "Women and Education: Qualifications, Skills and Technology." *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
27. For more information on the education characteristics of immigrant women and men, see T. Hudon, 2015. "*Immigrant Women*." *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
28. Rotenberg, C. 2016. "Social determinants of health for the off-reserve First Nations population, 15 years of age and older, 2012." *Aboriginal Peoples Survey, 2012*. Statistics Canada Catalogue no. 89-653-X.

Chart 4
Proportion of population aged 17 and under living in housing in need of major repairs, by sex, Canada, provinces and territories, 2011



Note: Does not include desirable remodelling or additions.
Source: Statistics Canada, National Household Survey, 2011.

Nearly one-quarter of Aboriginal girls (23.7%) and boys (23.5%) were living in housing that needed major repairs. This was the case for 27.4% of First Nations, 14.2% of Métis and 30.8% of Inuit girls as well as for 27.4% of First Nations, 13.6% of Métis and 31.6% of Inuit boys (data not shown). In comparison, among non-Aboriginal children, 7.4% of both girls and boys lived in housing that needed major repairs.

Visible minority girls (6.6%) and boys (6.7%) were less likely than girls and boys who did not belong to a visible minority group (both 9.1%) to be living in housing in need of major repairs. Similarly, immigrant girls and boys (both 6.4%) were less likely than Canadian-born girls and boys (both 8.7%) to be living in housing in need of major repairs.

Proportion of children in crowded housing varies by province and territory

Living in crowded housing conditions has been linked to a number of negative health outcomes, including faster and broader spread of communicable diseases as well as mental health issues.[29] Two approaches are typically used to assess the prevalence of crowded housing in Canada.

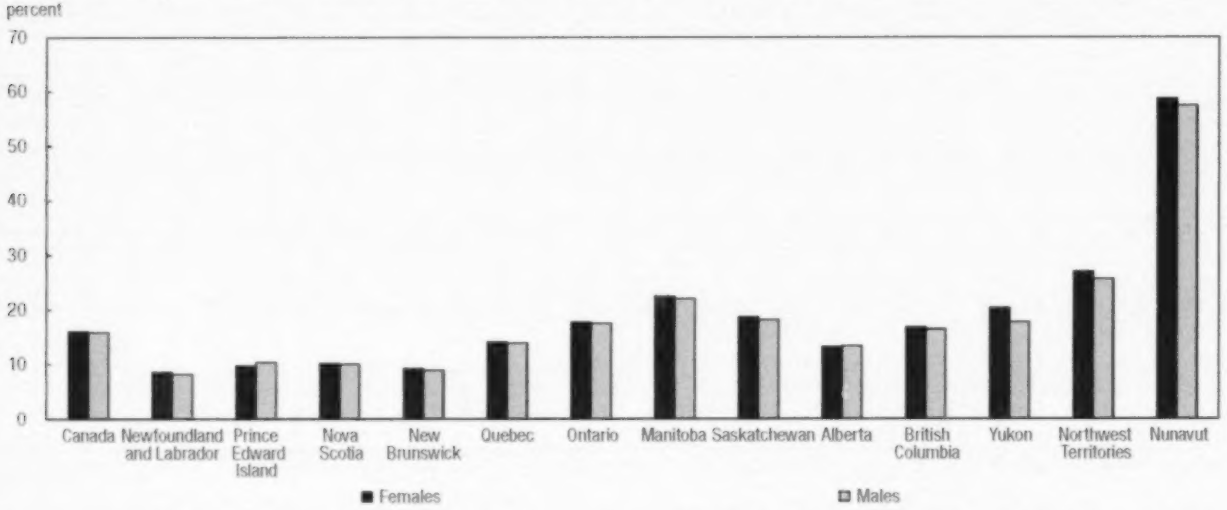
One approach is to consider the number of people per room in a private dwelling.[30] Under this approach, crowded housing has been defined as private dwellings with more than one person per room.[31,32] According to the 2011 National Household Survey, 8.3% of girls and boys lived in housing that fits this definition of crowding.

Another approach is to use the National Occupancy Standard to assess whether a dwelling has the required number of bedrooms according to both the size and the composition of the household.[33] Household composition includes the age and sex of people in the household as well as relationships between household members. Using the National Occupancy Standard, housing is classified as "suitable" if it meets the required number of bedrooms and "not suitable" if there is a shortfall of at least one bedroom. In 2011, 16.0% of girls and 15.8% of boys were living in housing that was not suitable according to the National Occupancy Standard for housing suitability. These proportions were similar when data were examined in smaller age groupings.

Substantial variation in housing suitability is observed across the provinces and territories. Nunavut was home to the highest proportion (58.7%) of girls living in housing that was not suitable (Chart 5). In contrast, Newfoundland and Labrador was home to the lowest proportion (8.5%) of girls living in housing that was not suitable.

29. Waterston, S., B. Krueger, and L. Samson. 2015. "Housing need in Canada: Healthy lives start at home." *Paediatric Child Health*, vol. 20.
30. The term "rooms" refers to enclosed areas within a private dwelling that are finished and suitable for year-round living. The number of rooms in a private dwelling includes kitchens, bedrooms and finished rooms in the attic or basement. It excludes bathrooms, halls, vestibules and rooms used solely for business purposes.
31. Kohen, D., E. Bougie, and A. Guèvremont. 2015. "Housing and health among Inuit children." *Health Reports*, vol. 26. Statistics Canada Catalogue no. 82-003-X.
32. Solari, C.D., and R.D. Mare. 2012. "Housing crowding effect on children's well-being." *Social Science Research*, vol. 41, no. 2.
33. The Canada Mortgage and Housing Corporation (CMHC) developed the National Occupancy Standard through consultations with provincial housing agencies. For more information, see "Housing Suitability," *2011 National Household Survey User Guide*. Statistics Canada Catalogue no. 99-000-X.

Chart 5
Proportion of population aged 17 and under living in housing that is not suitable, by sex, Canada, provinces and territories, 2011



Notes: "Housing suitability" refers to whether a private household is living in suitable accommodations according to the National Occupancy Standard (NOS); that is, whether the dwelling has enough bedrooms for the size and composition of the household. A household is deemed to be living in accommodations that are not suitible if its dwelling has a shortfall of at least one bedroom as calculated using the NOS.
Source: Statistics Canada, National Household Survey, 2011.

Aboriginal girls (28.8%) and boys (27.8%) were about twice as likely as non-Aboriginal girls (15.0%) and boys (14.9%) to be living in housing that was not suitable. About one-third of First Nations girls (33.1%) and boys (32.2%) were living in housing that was not suitable, as were about half of Inuit girls (50.9%) and boys (48.7%). The proportion of Métis girls (15.0%) and boys (14.4%) living in housing that was not suitable was similar to that observed among the non-Aboriginal population.[34]

Other characteristics were also related to living in housing that was not suitable. More than one-third of immigrant girls (33.4%) and boys (34.4%) were living in housing with a shortfall of at least one bedroom. This was the case for 14.4% of Canadian-born girls and 14.1% of Canadian-born boys. Additionally, 30.8% of girls and boys who belonged to a visible minority group were living in housing with a shortfall of at least one bedroom, whereas this was the case for 11.4% of girls and 11.2% of boys who did not belong to a visible minority group.

Physical health and development

Most girls and boys rate their own health as "very good" or "excellent"

Self-reported health, or "perceived health," is a subjective measure of general health status. When people report on their general health, they often take into account aspects that may be difficult to capture clinically, such as disease severity, as well as elements of physical, social and psychological functioning.[35] Research has shown that this measure is related to disease and mortality, and predicts help-seeking behaviour and use of health services.[36]

The 2013/2014 Canadian Community Health Survey (CCHS) asked girls and boys aged 12 to 17 to rate their general health as either "poor," "fair," "good," "very good," or "excellent." Nearly 7 in 10 girls and boys (69.2% and 69.4%, respectively) rated their general health as "very good" or "excellent" (Table 7). Girls aged 12 to 14 were less likely than older girls to give ratings at the negative end of spectrum. Ratings of "fair" and "poor" were reported by 4.8% of girls aged 15 to 17, compared with 2.2%[E] of girls aged 12 to 14. Girls aged 12 to 14 were also less likely than same-aged boys (4.2%) to have rated their health as "poor" or "fair."

34. Previous research using a criterion of more than one person per household to indicate crowding has suggested that First Nations children living on-reserve and Inuit children living in Inuit Nunangat are the most likely to live in crowded homes. For more information, see P. Arriagada, 2016, "First Nations, Métis and Inuit Women," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
35. Statistics Canada, 2010, "Health status: perceived health." *Healthy People, Healthy Places*. Statistics Canada Catalogue no. 82-229-X.
36. Ibid.

Table 7
Distribution of self-reported general health ratings, population aged 12 to 17, by age group and sex, Canada, 2013/2014

	Total - 12 to 17 years		12 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males
Self-reported general health rating	percent					
Excellent or very good	69.2	69.4	70.0	66.7	68.4	71.5†
Good	27.3	26.0	27.8	29.1	26.8	23.4†
Fair or poor	3.6	4.7	2.2E	4.2*	4.8E	5.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

E use with caution
* significantly different from females, within age group, at $p < 0.05$
† significantly different from 12-to-14-year-olds, within sex, at $p < 0.05$
Note: Totals may not add to 100.0% due to rounding.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Notably, while older girls were more likely than younger girls to report "fair" or "poor" health, this pattern did not exist among boys. In fact, older boys were more likely than younger boys to rate their general health as "very good" or "excellent" (71.5% versus 66.7%).

About one-third of girls and boys aged 5 to 17 are overweight or obese

Children who are overweight or obese are at greater risk of being overweight or obese in adulthood, and of developing a number of adverse health outcomes, including cancer and type-2 diabetes.[37] According to data from the 2012/2013 Canadian Health Measures Survey, about one-third of girls (29.0%) and boys (33.3%) aged 5 to 17 were overweight or obese, according to their measured body mass index (BMI) (Table 8).[38,39]

Table 8
Population aged 5 to 17, by measured body mass index (BMI)[1] classification, age and sex, Canada, 2012/2013

	Total – 5 to 17 years		5 to 11 years		12 to 17 years	
	Females	Males	Females	Males	Females	Males
Weight classification	percent					
Overweight or obese	**29.0**	**33.3**	**28.8**	**22.4**	**29.3**	**44.5*†**
Overweight[2]	18.5	18.7	19.4	14.1	17.6E	23.4†
Obese[3]	10.5	14.6	9.4	8.4E	11.7	21.0*†
Neither overweight nor obese	**71.0**	**66.7**	**71.2**	**77.6**	**70.7**	**55.5*†**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

E use with caution
* significantly different from females, within age group, at $p < 0.05$
† significantly different from 5-to-11-year-olds, within sex, at $p < 0.05$
1. Body Mass Index (BMI) - World Health Organization (WHO) classification system.
2. Greater than one standard deviation and less than or equal to two standard deviations above the mean BMI for age and sex.
3. Greater than 2 standard deviations above the mean BMI for age and sex.
Source: Statistics Canada, Canadian Health Measures Survey, 2012/2013.

Although the overall proportion of girls and boys classified as overweight or obese was similar, there was a statistically significant difference between girls and boys aged 12 to 17. Within this age group, girls were less likely than boys to be overweight or obese (29.3% versus 44.5%).

Girls were about as likely to be overweight or obese whether they belonged to a younger (5 to 11 years) or an older (12 to 17 years) age group. In contrast, the proportion of boys who were overweight or obese was about twice as high among those aged 12 to 17 as among those aged 5 to 11 (44.5% versus 22.4%). More specifically, boys aged 12 to 17 were more likely than those aged 5 to 11 to be either overweight (23.4% versus 14.1%) or obese (21.0%E versus 8.4%E).

The majority of girls and boys are up to date on routine vaccinations

Nearly all children in Canada receive publicly funded, routine immunizations against vaccine-preventable diseases. The results of the 2013 childhood National Immunization Coverage Survey (cNICS) showed that only a small proportion (1.5%) of children had never received immunization of any kind (data not shown). The 2013 cNICS collected immunization information from the parents and guardians of 2-, 7- and 17-year-old girls and boys. The parents and guardians of 12- to 14-year-old girls were also surveyed to determine coverage of immunization against human papillomavirus (HPV).

37. Statistics Canada. 2014. "Body mass index (BMI) of children and youth, 2012 to 2013." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.
38. World Health Organization (WHO) classification system.
39. Data were not collected in the territories.

Within each of the age groups examined, the majority of children were up to date on routine vaccinations as recommended by the National Advisory Committee on Immunizations (Table 9). For example, about 90% of 2-year-old girls and boys were immunized against measles, mumps and rubella, meningococcal infection, and polio.

Table 9
Immunization coverage,[1] population aged 2, 7 and 17, by sex, Canada, 2013

	2 years		7 years		17 years	
	Females	Males	Females	Males	Females	Males
Antigen	percent					
Diphtheria	78.3	75.1	70.8	71.8	55.3	54.1
Pertussis (whooping cough)	78.0	74.9	70.6	71.1	53.2	51.0
Tetanus	78.0	74.9	70.6	71.3	55.3	54.6
Polio (IPV)	91.4	90.5	88.0	90.8	85.6	85.7
Haemophilus influenzae type b (Hib)	73.3	70.7	79.9	81.5	71.8	71.2
Measles	89.7	89.7	86.4	85.1	83.3	84.6
Mumps	89.6	89.2	85.2	85.0	82.8	82.6
Rubella	89.5	89.3	94.4	95.0	94.1	94.0
Varicella (chicken pox)	73.7	72.7	81.9	83.3	...	...
Meningococcal infection	90.3	87.4	85.5	87.6	...	...
Pneumococcal infection	79.4	79.0	75.8	75.8	...	...

... not applicable

1. Immunization coverage refers to "up-to-date" immunization coverage, calculated according to the immunization schedule recommended by the National Advisory Committee on Immunization.

Note: There are no statistically significant differences between females and males.

Source: Statistics Canada, Childhood National Immunization Coverage Survey, 2013.

The polio vaccination is given concurrently with DPT (diphtheria, pertussis (whooping cough), and tetanus) and Haemophilus influenza type b (Hib) vaccinations. However, children are considered up to date on immunizations for polio after three doses, while DPT and Hib require an additional dose at 18 months of age. This could help explain why immunization coverage for diphtheria, pertussis, tetanus and Hib was lower than for polio—reflecting that some children may not have received their 18-month-old booster shots.[40] Immunization coverage for Hib was 73.3% among 2-year-old girls and 70.7% among 2-year-old boys. Immunization coverage at age 2 for diphtheria, pertussis and tetanus was about 78% for 2-year-old girls and about 75% for 2-year-old boys.

Notably, although more than 70% of girls and boys were up to date on immunization against diphtheria, pertussis and tetanus at age 7, this proportion was less than 60% among 17-year-olds.

About 73% of 12- to 14-year-old girls and 67% of 17-year-old girls are immunized against human papillomavirus

Human papillomavirus (HPV) is one of the most common sexually transmitted infections. It is estimated that more than 70% of sexually active women and men will contract a sexually transmitted HPV infection in their lifetime.[41] In most cases, these infections will go away without symptoms or treatment. In some cases, however, HPV infection causes anal and genital warts. It can also lead to cervical, penile and anal cancers.

Importantly, immunization prior to becoming sexually active is effective in preventing most HPV infections.[42] All provinces and territories publically fund HPV vaccinations for girls.[43] However, public funding for HPV vaccinations for boys varies across Canada.[44,45] Given the lack of national coverage for HPV among boys, the 2013 cNICS asked questions regarding immunization against HPV only to parents and guardians of girls.

In 2013, 72.7% of 12- to 14-year-old girls[46] and 67.3% of 17-year-old girls were immunized against HPV (data not shown). Although there are a number of reasons why a child may not be up-to-date on immunizations, in some instances, a parent or guardian may choose not to give a particular vaccine.

40. Government of Canada. *Vaccine Coverage in Canadian Children: Results from the 2013 childhood National Immunization Coverage Survey (cNICS).* Available at http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/immunization-coverage-children-2013-couverture-vaccinale-enfants/index-eng.php (accessed June 24, 2016).
41. Public Health Agency of Canada. *Human Papillomavirus (HPV).* Available at http://www.phac-aspc.gc.ca/std-mts/hpv-vph/fact-faits-eng.php#i (accessed June 24, 2016).
42. Ibid.
43. Government of Canada. 2016. *Canada's Provincial and Territorial Routine (and Catch-up) Vaccine Programs for Infants and Children.* Available at http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/schedule-calendrier/infants-children-vaccination-enfants-nourrissons-eng.php (accessed June 27, 2016).
44. In January 2016, Alberta, Nova Scotia and Prince Edward Island were providing publically funded HPV vaccinations for boys, with Ontario and Quebec joining the fold in the 2016-2017 school year.
45. Ontario Ministry of Health and Long-Term Care. *Ontario's HPV Immunization Program.* Available at http://www.health.gov.on.ca/en/ms/hpv/ (accessed June 24, 2016).
46. In Ontario, in-school immunization against HPV begins in grade 8. As a result, most 12-year-old girls in Ontario are not yet vaccinated for HPV and are excluded from the immunization coverage rate.

Among parents and guardians who indicated that their daughter (aged 12 to 14 or aged 17) was immunized against at least one disease, 14.2% had decided not to vaccinate their child against HPV.[47] The proportion of parents and guardians who decided not to vaccinate their daughter against HPV was similar for both age groups. The most commonly reported main reason for not vaccinating a child against HPV was concern about vaccine safety (46.9%), followed by not considering the vaccine necessary (29.1%) (Table 10). These reasons were given in similar proportions, whether the child was 12 to 14 years old or 17 years old.

Table 10

Parents and guardians of girls aged 12 to 14 and 17, by main reason for deciding not to vaccinate a child against Human Papillomavirus (HPV), Canada, 2013

	Total – 12 to 14[1] and 17 years	12 to 14 years[1]	17 years
Reason		percent	
Concerns about safety of vaccines	46.9	45.0	51.0
Did not consider it necessary for their child	29.1	30.5	26.0
Other	24.0	24.5	23.0
Total	**100.0**	**100.0**	**100.0**

1. In Ontario, in-school immunization for HPV begins in grade 8. As such parents and guardians of 12-year-old girls living in Ontario may not have yet made a choice regarding HPV vaccination and are excluded from the analysis.

Note: Parents and guardians responding for a child who has never received any vaccination are excluded from the analysis.

Source: Statistics Canada, Childhood National Immunization Coverage Survey, 2013.

Fewer girls are smoking

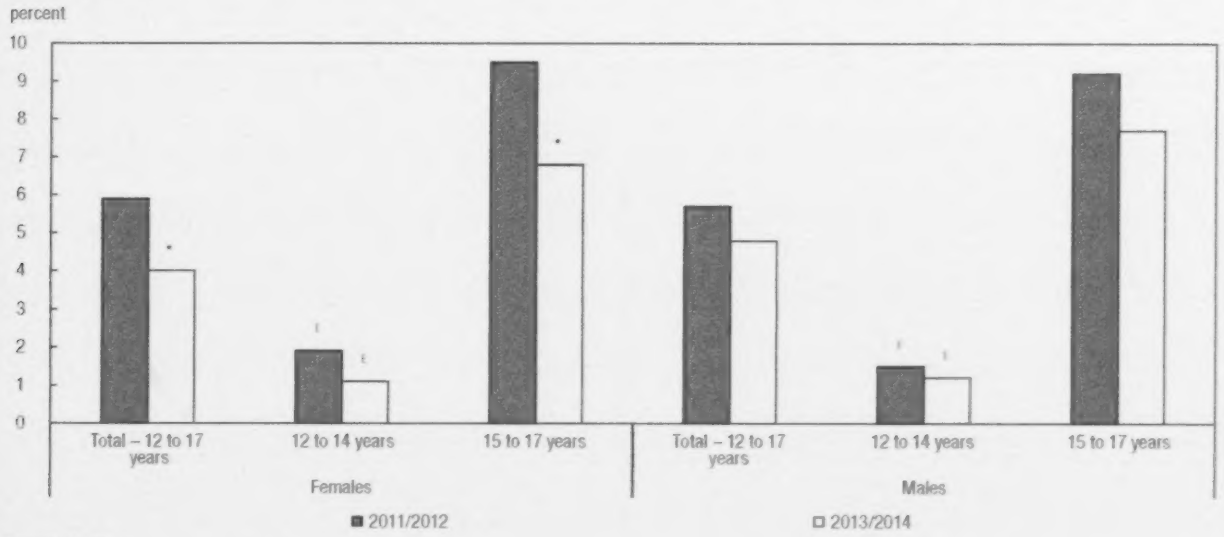
Smoking is related to a number of adverse health outcomes, including lung cancer, chronic respiratory conditions, heart disease and stroke.[48] It is also a leading cause of preventable death.[49] Since most people begin smoking during their teenage years, prevention programs targeting this group play an important role in reducing smoking rates.[50] Indeed, previous research has shown that declines in the smoking rates of youth aged 12 to 17 since the mid-1990s are attributable mainly to decreases in the proportion of youth who begin smoking, rather than to increases in the proportion of youth who quit smoking.[51]

In the 2013/2014 CCHS, 8.7% of girls aged 12 to 17 reported ever having smoked a full cigarette (data not shown). The proportion of same-aged boys who had smoked a cigarette was significantly higher, at 11.6%. The median age at which girls and boys had smoked their first cigarette was 14. Compared with the proportion of 12- to 17-year-olds who had ever smoked a full cigarette, fewer reported that they currently smoke occasionally or daily.

In 2013/2014, 4.0% of girls aged 12 to 17 reported smoking occasionally or daily (Chart 6). This proportion was comparable with the smoking rate of same-aged boys (4.8%). While smoking was relatively rare among 12- to 14-year-olds (1.1%[E] of girls and 1.2%[E] of boys), smoking rates were higher among those aged 15 to 17. In this older age group, 6.8% of girls and 7.7% of boys reported smoking—these rates were not statistically different.

47. In Ontario, in-school immunization against HPV begins in grade 8. As a result, parents and guardians of 12-year-old girls living in Ontario may not yet have made a choice regarding HPV vaccination and are excluded from the analysis.
48. Statistics Canada. 2015. "Smoking, 2014." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.
49. World Health Organization. 2008. *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package*.
50. Health Canada. 1999. "Youth and tobacco." *Lessons Learned from the Tobacco Demand Reduction Strategy*. Health Canada Catalogue no. H39-465/1999E.
51. Shields, M. 2005. "Youth smoking." *Health Reports*, vol. 16, no. 3. Statistics Canada Catalogue no. 82-003-X.

Chart 6
Proportion of population aged 12 to 17 that smoked daily or occasionally, by age group and sex, Canada, 2011/2012 and 2013/2014



E use with caution
* significantly different from 2011/2012 at $p < 0.05$
Note: There are no statistically significant differences between females and males within age groups and survey cycles.
Source: Statistics Canada, Canadian Community Health Survey, 2011/2012 and 2013/2014.

Although smoking rates have generally declined over the last decade, this decrease has been faster for females than males.[52] Girls aged 12 to 17 were less likely to report smoking occasionally or daily in 2013/2014 than in 2011/2012 (4.0% versus 5.9%). This difference was not statistically significant among same-aged boys (4.8% and 5.7%).

About one-quarter of 12- to 17-year-old girls who do not smoke are exposed to second-hand smoke in public places

Exposure to second-hand smoke is related to a number of adverse health outcomes, the most common of which is asthma among children.[53] The CCHS measures daily or near-daily second-hand smoke exposure in several situations. In 2013/2014, 10.5% of girls aged 12 to 17, who were non-smokers, reported having been exposed to second-hand smoke in their home, 11.5% reported second-hand smoke exposure in a vehicle, and 24.0% reported second-hand smoke exposure in public places, such as bowling alleys and shopping malls (Table 11). These proportions were unchanged from 2011/2012.

Although 12- to 17-year-old boys, who were non-smokers, were less likely to report exposure to smoke in their home in 2013/2014 than in 2011/2012 (9.8% versus 12.1%), they were more likely to report daily or near-daily exposure to smoke in public places (21.4% versus 18.9%).

Table 11
Proportion of non-smokers exposed to second-hand smoke daily or almost daily, population aged 12 to 17, by sex, Canada, 2011/2012 and 2013/2014

	Females		Males	
	2011/2012	2013/2014	2011/2012	2013/2014
Type of exposure	percent			
In the home	11.7	10.5	12.1	9.8†
In a car or other private vehicle[1]	12.3	11.5	11.0	10.5
In public places (e.g., arena, bowling alley, shopping mall etc.)[1]	24.0	24.0	18.9	21.4*†

* significantly different from females in 2013/2014 at $p < 0.05$
† significantly different from 2011/2012, within sex, at $p < 0.05$
1. Daily or almost daily exposure in the past month.
Note: In the Canadian Community Health Survey, only non-smokers were asked about exposure to second-hand smoke.
Sources: Statistics Canada, Canadian Community Health Survey, 2011/2012 and 2013/2014.

52. Statistics Canada. 2015. "Smoking, 2014." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.
53. Statistics Canada. 2015. "Exposure to second-hand smoke at home, 2014." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.

More than one-quarter of 15- to 17-year-old girls drank to excess in the previous year

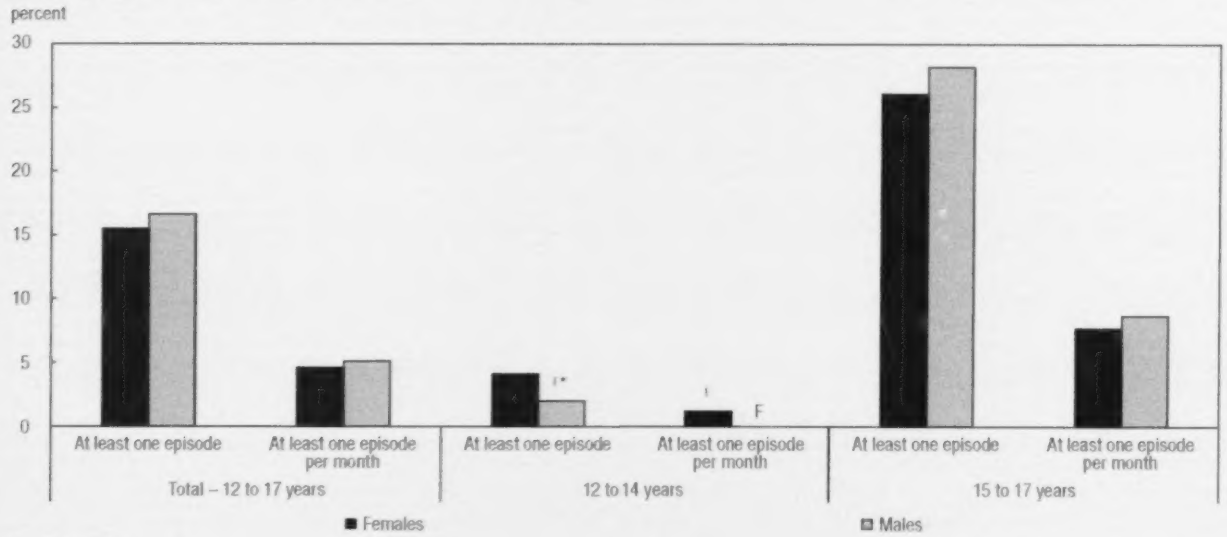
Drinking alcohol at an early age can have negative health consequences, including changes in normal brain development.[54] For this reason, the Canadian Centre on Substance Abuse recommends that children and youth avoid drinking until their late teens and that they follow local alcohol laws.[55] Currently, the legal drinking age is 18 in Alberta, Manitoba and Quebec and 19 in all other provinces and in the territories.

Despite this recommendation, data from the 2013/2014 CCHS show that more than one-quarter of girls (28.4%) and boys (30.7%) aged 12 to 17 reported drinking at least one alcoholic beverage in the previous year (data not shown). These rates were significantly lower than those for 2011/2012, when 35.5% of girls and 34.0% of boys aged 12 to 17 reported having had at least one alcoholic beverage in the previous year (data not shown).

Canada's low-risk alcohol drinking guidelines suggest that persons under the legal drinking age who choose to drink should consider the safer drinking guidelines recommended for adults. These include drinking no more than three drinks (women) or four drinks (men) on a single occasion.[56] In this chapter, excessive drinking is defined as drinking that exceeds these guidelines, namely four drinks or more for females or five drinks or more for males.

In 2013/2014, 15.5% of girls and 16.6% of boys aged 12 to 17 reported having experienced at least one episode of excessive drinking in the previous 12 months (Chart 7). More than one-quarter of girls (26.1%) and boys (28.2%) aged 15 to 17 reported drinking to excess. Compared with 15- to 17-year-olds, a smaller proportion of girls (4.1%) and boys (2.0%[E]) aged 12 to 14 reported drinking to excess. Notably, however, girls aged 12 to 14 were more than twice as likely as their male peers to have done so.

Chart 7
Proportion of population aged 12 to 17 that reported at least one episode of excessive drinking[1] in the previous 12 months, by age group and sex, Canada, 2013/2014



E use with caution
F too unreliable to be published
* significantly different from females at $p < 0.05$
1. An episode of excessive drinking refers to drinking four or more (females) or five or more (males) alcoholic beverages on a single occasion. The category "at least one episode per month" in this chart is equivalent to the concept of heavy drinking, which refers to females who reported having four or more drinks and males who reported having five or more drinks on one occasion at least once a month in the previous year.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Excessive drinking at least once per month over a period of 12 months is considered "heavy drinking" and is a frequently-cited population health indicator.[57] This is because this level of alcohol can have serious health and social consequences.[58] Heavy drinking was less common than single episodes of excessive drinking among both girls and boys aged 12 to 17 (4.6% and 5.1%, respectively).

54. Butt, P., D. Beirness, F. Cesa, et al. 2011. *Alcohol and Health in Canada: A Summary of Evidence and Guidelines for Low-risk Drinking*. Canadian Centre on Substance Abuse.
55. Ibid.
56. Ibid.
57. Statistics Canada. 2015. "Heavy drinking, 2014." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.
58. Ibid.

Mortality

The infant mortality rate in Nunavut is more than twice the national rate among girls and six times the national rate among boys

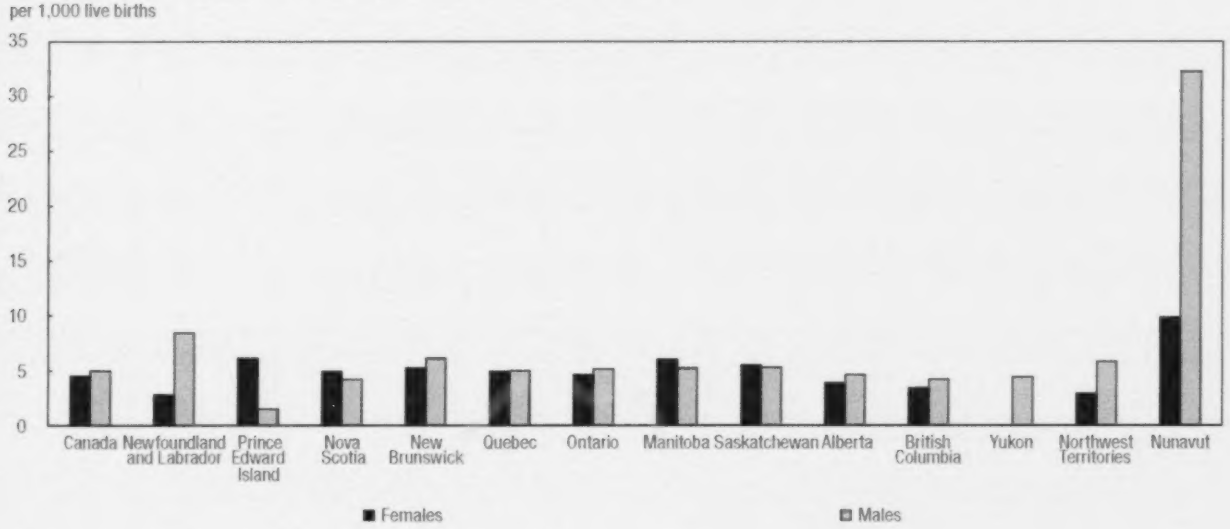
Infant mortality is an important indicator of both maternal health and infant health and is associated with the availability and effectiveness of health care services.[59] It is calculated as the number of deaths of children less than 1 year old per 1,000 live births.

After a long period of steep decline, Canada's infant mortality rate stabilized somewhat in the 1990s, and subsequently continued to decline, but at a slower pace.[60] In 1926, there were 101.7 infant deaths per 1,000 live births in Canada.[61] By 1986, the infant mortality rate had decreased to 7.9 deaths per 1,000 live births, further decreasing to 5.6 deaths per 1,000 live births in 1996.[62] Since 2006, the infant mortality rate has stayed close to 5 deaths per 1,000 live births. In 2011 and 2012, the infant mortality rate in Canada was the lowest on record, at 4.8 deaths per 1,000 live births. In comparison, data for 2012 or the latest available year showed that the average infant mortality rate was 4.0 deaths per 1,000 live births across the OECD,[63] ranging from 1.1 deaths per 1,000 live births in Iceland to 13.3 deaths per 1,000 live births in Mexico.[64]

In Canada, the infant mortality rate in 2012 was 4.5 deaths per 1,000 live births among girls and 5.0 deaths per 1,000 live births among boys (Chart 8). The infant mortality rate in Nunavut was much higher than the national rate. In this territory, the infant mortality rate for girls was more than twice the national rate, at 9.8 deaths per 1,000 live births. Among boys, the infant mortality rate was more than six times the national rate, at 32.3 deaths per 1,000 live births. Together, the infant mortality rate for girls and boys in Nunavut was 21.4 deaths per 1,000 live births.

The population of Nunavut is small and therefore subject to greater annual variation in infant mortality than that of larger provinces and territories. However, infant mortality in Nunavut has been consistently higher than the national average since data for Nunavut as a distinct territory became available in 1999.

Chart 8
Infant mortality rate, by sex, Canada, provinces and territories, 2012



Note: The infant mortality rate is calculated as the number of deaths of children less than one year of age per 1,000 live births.
Source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases, CANSIM Table 102-0030.

59. Organisation for Economic Co-operation and Development. 2009. *OECD Factbook 2009: Economic, Environmental and Social Statistics.*
60. Martel, L. 2013. "Mortality: Overview, 2010 and 2011." *Report on the Demographic Situation in Canada.* Statistics Canada Catalogue no. 91-209-X.
61. Statistics Canada, Canadian Vital Statistics, Birth and Death Database, 1926 to 2011. Cited in Martel, L. 2013. "Mortality: Overview, 2010 and 2011." *Report on the Demographic Situation in Canada.* Statistics Canada Catalogue no. 91-209-X.
62. Statistics Canada. *Table 102-0030 Infant mortality, by sex and birth weight, Canada, provinces and territories, annual,* CANSIM (database).
63. This calculation included 2011 data for Canada, the United States, New Zealand and Chile.
64. Organisation for Economic Co-operation and Development. 2015. *How's Life? 2015: Measuring Well-being.* DOI: http://dx.doi.org/10.1787/how_life-2015-en

The five leading causes of infant death are the same for girls and boys

In 2012, the five leading causes of death for children under the age of 1 year were the same for girls and boys.[65] Congenital malformations, deformations, or chromosomal abnormalities were the most common cause of infant death. This was the cause of death for 25.0% of infant girls and 20.9% of infant boys (Table 12). The next four leading causes of infant death were disorders related to short gestation and low birth weight (14.9% of girls, 13.8% of boys), maternal complications of pregnancy (8.3% of girls, 9.7% of boys), complications of placenta, cord and membranes (7.1% of girls, 6.1% of boys), and intrauterine hypoxia and birth asphyxia (4.8% of girls, 3.1% of boys).

Table 12
Leading causes of death, infants (under 1 year), by sex, Canada, 2012

Cause of death	Number	Percent	Rank
Female			
Total – all causes of infant death	**840**	**100.0**	...
Congenital malformations, deformations and chromosomal abnormalities	210	25.0	1
Disorders related to short gestation and low birth weight, not elsewhere classified	125	14.9	2
Newborn affected by maternal complications of pregnancy	70	8.3	3
Newborn affected by complications of placenta, cord and membranes	60	7.1	4
Intrauterine hypoxia and birth asphyxia	40	4.8	5
Other causes of death	335	39.9	...
Male			
Total – all causes of infant death	**980**	**100.0**	...
Congenital malformations, deformations and chromosomal abnormalities	205	20.9	1
Disorders related to short gestation and low birth weight, not elsewhere classified	135	13.8	2
Newborn affected by maternal complications of pregnancy	95	9.7	3
Newborn affected by complications of placenta, cord and membranes	60	6.1	4
Intrauterine hypoxia and birth asphyxia	30	3.1	5
Other causes of death	455	46.4	...

... not applicable

Notes: All counts are rounded to an adjacent multiple of five. Percentages are calculated from rounded counts. Rank ordering is based on unrounded counts.

Source: Statistics Canada, Canadian Vital Statistics - Death Database, custom tabulation.

Sudden infant death syndrome is the second leading cause of death among infants over 4 weeks old

Sudden infant death syndrome (SIDS) is the sudden and unexpected death of an infant that is unexplained even after a thorough investigation.[66] In 1999, the Government of Canada, along with several non-governmental partners, launched a SIDS risk reduction campaign titled "Back to Sleep." It was designed to inform the public, through mass media, of several ways to reduce the risk of SIDS: placing babies on their backs to sleep, breastfeeding, avoiding second-hand smoke and avoiding over-bundling.[67,68] The Government of Canada, along with its non-governmental partners, also released a joint statement on safe sleep aimed at providing health care practitioners with evidence-based information to offer parents and caregivers in order to prevent SIDS deaths.[69,70]

Although the proportion of infants who die from SIDS has declined since the 1990s, it is the second leading cause of death (after congenital malformations, deformations and chromosomal abnormalities) among post-neonatal infants (under 1 year, but at least 28 days old). In 2012, SIDS accounted for 7.5% of deaths among post-neonatal girls and 10.0% of deaths among post-neonatal boys (data not shown).

Accidents are the leading cause of death among children aged 1 and over, followed by suicide and cancer

In 2012, accidents (unintentional injuries) were the leading cause of death for both girls and boys aged 1 to 17 (Table 13). However, accidents accounted for a smaller share of female deaths than male deaths (25.8% versus 34.8%). Similarly, although suicide was the second leading cause of death for both girls and boys, it accounted for a smaller proportion of female deaths than male deaths (13.5% versus 17.0%). The third leading cause of death was cancer, which accounted for 12.4% of female deaths and 13.4% of male deaths in 2012.

65. The list used here for ranking the leading causes of death was developed by the National Center for Health Statistics of the United States for use in its annual report on leading causes of death. The cause groupings are based on the underlying cause of death, which is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury. The underlying cause is selected from the causes and conditions listed on the medical certificate of cause of death according to the World Health Organization (WHO) *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10).
66. Willinger, M., L.S. James, and C. Catz. 1991. "Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development." *Fetal and Pediatric Pathology*, vol. 11, no. 5.
67. Public Health Agency of Canada. 2014. *Safe Sleep for your Baby*. Online Catalogue no. HP15-8/2014E-PDF.
68. Tools of Change. 2004. *Back to sleep – Health Canada SIDS Social Marketing Campaign*. Available at http://www.toolsofchange.com/en/case-studies/detail/161/ (accessed June 13, 2016).
69. Ibid.
70. Public Health Agency of Canada. *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada*. Available at http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-eng.php (accessed June 13, 2016).

Table 13
Leading causes of death, population aged 1 to 17, by sex, Canada, 2012

Cause of death	Number	Percent	Rank
Females			
Total – all causes of death	**445**	**100.0**	...
Accidents (unintentional injuries)	115	25.8	1
Intentional self-harm (suicide)	60	13.5	2
Malignant neoplasms (cancer)	55	12.4	3
Congenital malformations, deformations and chromosonal abnormalities	50	11.2	4
Diseases of heart	15	3.4	5
Assault (homicide)	15	3.4	5
All other causes of death	135	30.3	...
Males			
Total – all causes of death	**560**	**100.0**	...
Accidents (unintentional injuries)	195	34.8	1
Intentional self-harm (suicide)	95	17.0	2
Malignant neoplasms (cancer)	75	13.4	3
Congenital malformations, deformations and chromosonal abnormalities	30	5.4	4
Assault (homicide)	20	3.6	5
Diseases of heart	15	2.7	6
All other causes of death	130	23.2	...

... not applicable

Notes: All counts are rounded to an adjacent multiple of five. Percentages are calculated from rounded counts. Rank ordering is based on unrounded counts.
Source: Statistics Canada, Canadian Vital Statistics - Death Database, custom tabulation.

Accidents remained the leading cause of death when smaller age groupings of children were examined. However, the proportion of deaths attributed to accidents increased with age. For example, 23.1% of deaths of girls aged 1 to 4 were due to accident, compared with 32.3% of deaths of girls aged 15 to 17. A similar pattern was observed among boys (Table 14).

Suicide was the second leading cause of death for both girls and boys aged 1 to 17 overall. This result was driven primarily by deaths among those aged 15 to 17.[71] Suicide was the third leading cause of death for girls and boys aged 10 to 14, accounting for 15.0% and 14.3% of deaths in this age group, respectively. Among 15- to 17-year-olds, suicide was the second leading cause of death among both girls and boys, accounting for more than one-quarter (25.8%) of female deaths and nearly one-third (32.7%) of male deaths. Notably, however, about twice as many boys than girls aged 15 to 17 died from suicide.

71. For more information on teenage suicide rates, see T. Bushnik, 2016. "The health of women and girls in Canada." *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.

Table 14

Leading causes of death, population aged 1 to 17, by age group and sex, Canada, 2012

Cause of death	Number	Percent	Rank
Females			
1 to 4 years			
Total – all causes of death	**130**	**100.0**	...
Accidents (unintentional injuries)	30	23.1	1
Congenital malformations, deformations and chromosomal abnormalities	25	19.2	2
Malignant neoplasms (cancer)	10	7.7	3
All other causes of death	65	50.0	...
5 to 9 years			
Total – all causes of death	**60**	**100.0**	...
Accidents (unintentional injuries)	15	25.0	1
Malignant neoplasms (cancer)	10	16.7	2
Congenital malformations, deformations and chromosomal abnormalities	5	8.3	3
All other causes of death	30	50.0	...
10 to 14 years			
Total – all causes of death	**100**	**100.0**	...
Accidents (unintentional injuries)	25	25.0	1
Malignant neoplasms (cancer)	20	20.0	2
Intentional self-harm (suicide)	15	15.0	3
All other causes of death	40	40.0	...
15 to 17 years			
Total – all causes of death	**155**	**100.0**	...
Accidents (unintentional injuries)	50	32.3	1
Intentional self-harm (suicide)	40	25.8	2
Malignant neoplasms (cancer)	15	9.7	3
All other causes of death	50	32.3	...
Males			
1 to 4 years			
Total – all causes of death	**130**	**100.0**	...
Accidents (unintentional injuries)	35	26.9	1
Congenital malformations, deformations and chromosomal abnormalities	15	11.5	2
Malignant neoplasms (cancer)	15	11.5	3
All other causes of death	65	50.0	...
5 to 9 years			
Total – all causes of death	**80**	**100.0**	...
Accidents (unintentional injuries)	30	37.5	1
Malignant neoplasms (cancer)	20	25.0	2
Diseases of heart	5	6.3	3
All other causes of death	25	31.3	...
10 to 14 years			
Total – all causes of death	**105**	**100.0**	...
Accidents (unintentional injuries)	35	33.3	1
Malignant neoplasms (cancer)	20	19.0	2
Intentional self-harm (suicide)	15	14.3	3
All other causes of death	35	33.3	...
15 to 17 years			
Total – all causes of death	**245**	**100.0**	...
Accidents (unintentional injuries)	95	38.8	1
Intentional self-harm (suicide)	80	32.7	2
Malignant neoplasms (cancer)	25	10.2	3
All other causes of death	45	18.4	...

... not applicable

Notes: All counts are rounded to an adjacent multiple of five. Percentages are calculated from rounded counts. Rank ordering is based on unrounded counts.

Source: Statistics Canada, Canadian Vital Statistics - Death Database, custom tabulation.

Teenage suicide in a global context

The World Health Organization maintains the largest database on teenage suicide. The Organisation for Economic Co-operation and Development (OECD) uses this database to report on teenage suicide rates, defined as the number of deaths due to "intentional self-harm" among 15- to 19-year-olds per 100,000 population.[72] Although not available in sex-disaggregated format, data for 2013 or the latest available year suggest that, of the 33 OECD countries examined, Canada had the 6th-highest teenage suicide rate (8.8 deaths per 100,000 population, reported for 2011).[73] New Zealand had the highest suicide rate for teenagers aged 15 to 19, at 18.9 deaths per 100,000 population. In contrast the teenage suicide rate was lowest in Greece at 1.4 deaths per 100,000 population.

Global differences in teenage suicide rates must be interpreted with caution. Reporting practices, including who is responsible for completing a death certificate and how "intention" is established, among other criteria, differ across countries. Moreover, the most recent year of data available was not consistent across OECD countries—it ranged from 2009 to 2013.

Since the OECD report, newer data for Canada have been released. In 2012, the suicide rate for 15- to 19-year-olds was 10.2 deaths per 100,000 population, that is, 14.1 deaths per 100,000 population and 6.2 deaths per 100,000 female population.[74]

Although cancer[75] was the third leading cause of death among 1- to 17-year-olds overall, it was the second leading cause of death among 5- to 9-year-olds, accounting for 16.7% of female deaths and 25.0% of male deaths in 2012. Cancer was also the second leading cause of death among 10- to 14-year-olds, accounting for about 1 in 5 deaths in this age group regardless of gender.

Emotional and social health and development

Early childhood is a period of rapid cognitive development, associated with a growing capacity to self-regulate—to control one's emotions, focus one's attention, and generally behave in a prosocial manner.

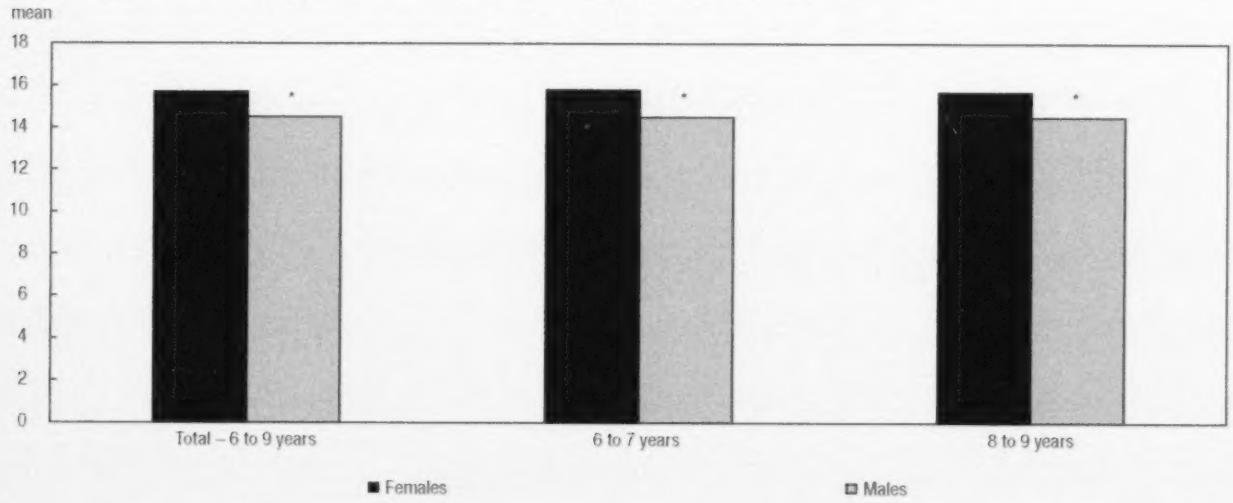
The 2010 Survey of Young Canadians asked parents and guardians of children aged 2 to 9 a series of questions concerning their child's behaviour.[76] These questions were used to develop several behavioural scales covering topics such as prosocial behaviour, physical aggression and disruptive behaviour, indirect aggression (e.g., excluding peers, gossiping), and inattention and hyperactivity. Additionally, the 2013/2014 Canadian Community Health Survey (CCHS) collected self-reported data on satisfaction with life, mental health, sense of belonging to local community, and level of daily stress from 12- to 17-year-olds. Developmental changes and gender differences for each of these topics are treated below.

72. Organisation for Economic Co-operation and Development. 2016. "C04.4: Teenage suicide (15-19 years old)." *OECD Family Database*. Available at http://www.oecd.org/els/family/database.htm (accessed June 14, 2016).
73. Ibid.
74. Statistics Canada. CANSIM Table 102-0551 (accessed January 18, 2017).
75. For more information on childhood cancer, see T. Bushnik, 2016, "The health of women and girls in Canada," *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
76. Data were not collected in the territories.

Girls aged 6 to 9 score higher than boys on a measure of prosocial behaviour

The Prosocial Behaviour scale for children aged 6 to 9 uses nine items designed to gauge the extent to which a child engages in prosocial behaviours, such as helping, social inclusion, and sympathy.

Chart 9
Prosocial Behaviour score, population aged 6 to 9, by age group and sex, Canada, 2010



* significantly different from females at $p < 0.05$
Note: The Prosocial Behaviour scale consists of 10 items. Scores on the scale can range from 0 to 20, with a high score indicating the presence of prosocial behaviours.
Source: Statistics Canada, Survey of Young Canadians, 2010.

On average, girls received higher scores (an average score of 15.7 points out of 20) on prosocial behaviour than boys (an average score of 14.5 points) (Chart 9). This gender difference was also apparent within smaller age groups of 6- to 7-year-olds and 8- to 9-year-olds. There was no difference between the scores of children in the younger age group and those of children in the older age group.

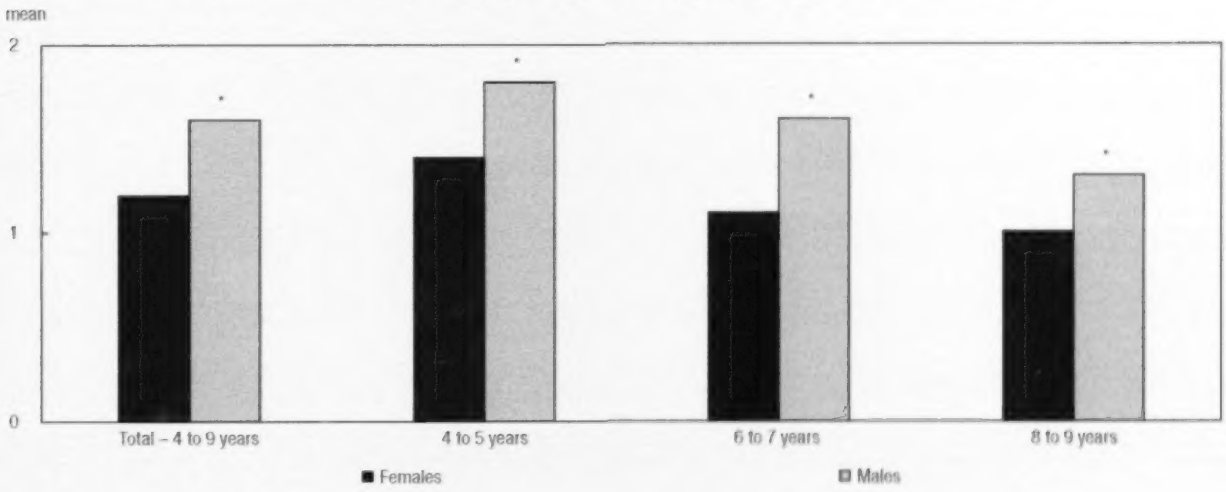
Girls aged 2 to 9 score lower on physical aggression than boys, and both girls and boys display less physical aggression with age

Two scales were used to measure physical aggression and disruptive behaviour: the Physical Aggression and Opposition scale for children aged 2 to 3, and the Conduct Disorder–Physical Aggression scale for children aged 4 to 9. Both scales measure the extent to which children engage in physically aggressive behaviours (e.g., kicking or hitting other children). The former, however, includes the extent to which children engage in oppositional behaviours (e.g., defiance, tantrums, angry moods), while the latter includes behaviours related to conduct disorder (i.e., violating the basic rights of others, disregarding age-appropriate social norms). On both scales, higher scores indicate the presence of aggression and disruptive behaviour.

The 2010 Survey of Young Canadians showed that, on average, girls aged 2 to 3 scored lower on the Physical Aggression and Opposition scale than same-aged boys (4.6 and 5.0, respectively, out of a possible 16 points; data not shown).

Similarly, there was a statistically significant difference between the average scores of girls and boys on the Conduct Disorder–Physical Aggression scale, with girls scoring lower than boys (1.2 versus 1.6, respectively, out of a possible 12 points). This gender difference was also apparent in smaller age groupings of girls and boys (Chart 10). For both girls and boys, scores on Conduct Disorder–Physical Aggression decreased with age. For example, girls aged 4 to 5 had an average score of 1.4, compared with an average score of 1.0 among girls aged 8 to 9.

Chart 10
Conduct Disorder–Physical Aggression score, population aged 4 to 9, by age group and sex, Canada, 2010



* significantly different from females at $p < 0.05$

Note: The Conduct Disorder–Physical Aggression scale consists of six items. Scores on the scale can range from 0 to 12, with a high score indicating the presence of behaviours associated with conduct disorder and physical aggression.

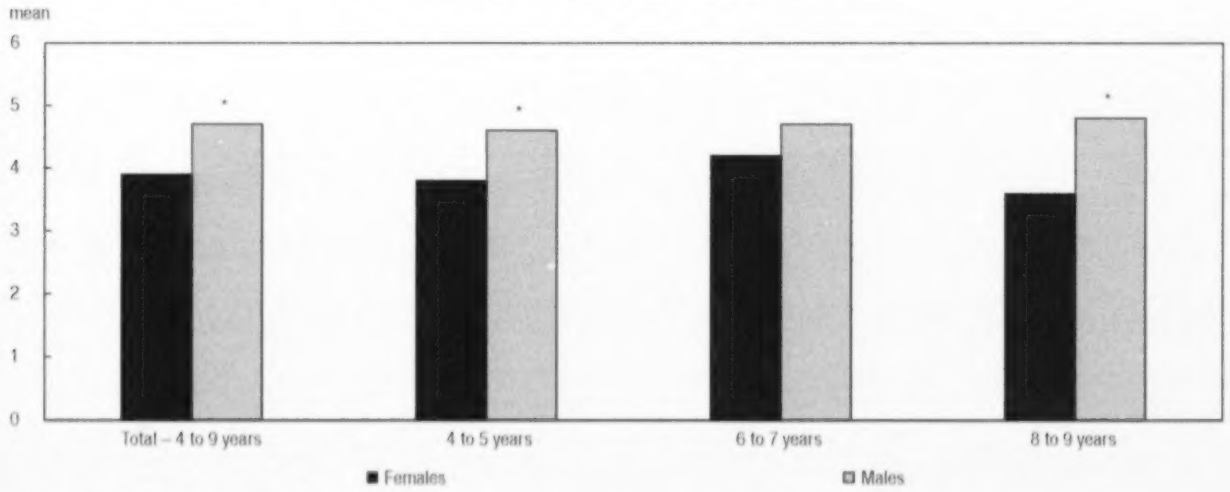
Source: Statistics Canada, Survey of Young Canadians, 2010.

Indirect aggression occurs when a person uses non-physical behaviour to cause harm to others. It includes behaviours such as gossiping and social exclusion. In contrast to scores on Conduct Disorder–Physical Aggression, girls aged 4 to 9 had higher average scores on the 2010 Survey of Young Canadians scale of Indirect Aggression than did boys (0.8 versus 0.6; data not shown). While scores on Conduct Disorder–Physical aggression tended to decrease with age, scores on Indirect Aggression increased.

Girls aged 2 to 9 score lower than boys on a measure of Hyperactivity–Inattention

Separate scales of Hyperactivity–Inattention based on data from the 2010 Survey of Young Canadians were produced for 2- to 3-year-olds and 4- to 9-year-olds. Girls aged 2 to 3 had lower average scores on Hyperactivity–Inattention than same-aged boys (4.6 versus 5.0) (data not shown). Similarly, girls aged 4 to 9 had lower scores on Hyperactivity–Inattention than same-aged boys (3.9 versus 4.7). When data were examined within smaller age groupings, the difference between girls and boys was statistically significant among 4- to 5-year-olds and 8- to 9-year-olds but not among 6- to 7-year-olds (Chart 11).

Chart 11
Hyperactivity–Inattention score, population aged 4 to 9, by age group and sex, Canada, 2010



* significantly different from females at $p < 0.05$

Note: The Hyperactivity–Inattention scale consists of seven items. Scores on the scale can range from 0 to 14, with a high score indicating the presence of behaviours associated with hyperactivity and inattention.

Source: Statistics Canada, Survey of Young Canadians, 2010.

The vast majority of 12- to 17-year-old girls are "satisfied" or "very satisfied" with life

Life satisfaction is a personal and subjective measure of overall well-being.[77] In 2013/2014, the vast majority of girls (96.5%) and boys (97.5%) aged 12 to 17 reported that they were "satisfied" or "very satisfied" with life in general (data not shown).[78] The proportion of 12-to-17-year olds who reported that they were "satisfied" or "very satisfied" with life in general did not differ significantly between girls and boys or by age group.

In contrast, differences by age and gender were observed with respect to several other measures of emotional and social well-being, including self-reported mental health, self-reported life stress, and sense of community belonging. In general, teenagers aged 15 to 17 were more likely to have reported ratings of poorer mental health, life stress, and sense of community belonging. Gender gaps also appeared or became broader within this age group compared with younger people aged 12 to 14.

About three-quarters of 12- to 17-year-old girls rate their mental health as "very good" or "excellent"

In 2013/2014, about three-quarters of 12- to 17-year-old girls (74.3%) and boys (77.0%) rated their mental health as being "very good" or "excellent" (Table 15). Older girls (aged 15 to 17) were less likely than younger girls (aged 12 to 14) to have rated their mental health in this way (68.8% versus 80.2%). Girls aged 15 to 17 were also less likely than same-aged boys to have rated their mental health as "very good" or "excellent" (68.8% versus 76.4%), and were more likely to have rated their mental health as "fair" or "poor" (8.5% versus 4.8%[E]).

77. Statistics Canada. 2009. "Life Satisfaction, 2009." *Health Fact Sheets*. Statistics Canada Catalogue no. 82-625-X.
78. The 2013/2014 Canadian Community Health Survey asked respondents to rate their satisfaction with life as a whole using a scale of 0 to 10, where 0 meant "very dissatisfied" and 10 meant "very satisfied." The average score for both girls and boys aged 12 to 17 was 8.4. Scaled ratings were re-grouped into the categories "very satisfied," "satisfied," "neither satisfied nor dissatisfied," "dissatisfied," and "very dissatisfied."

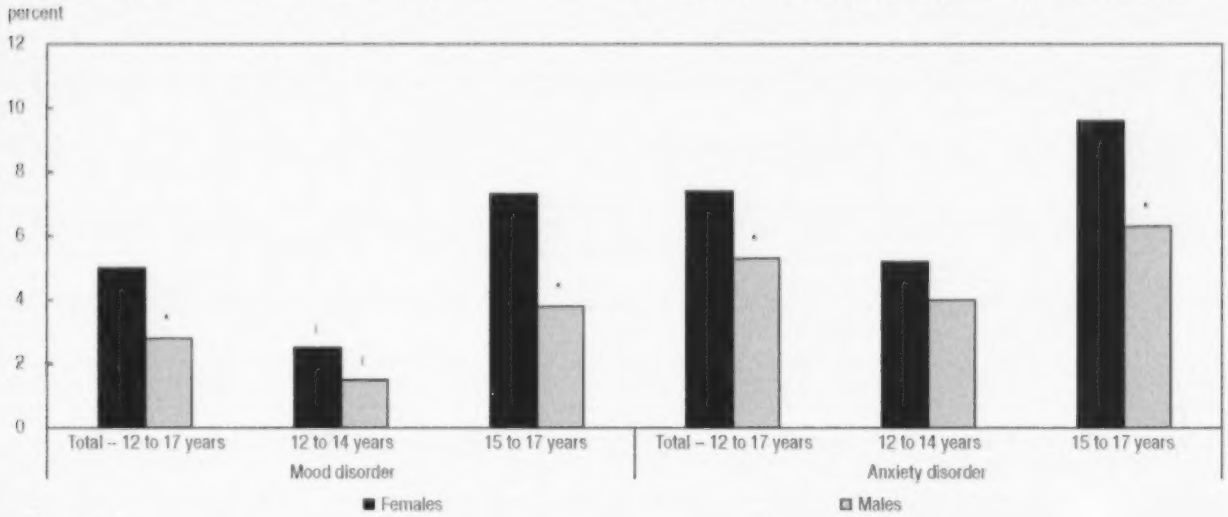
Table 15
Distribution of self-reported mental health ratings, population aged 12 to 17, by age group and sex, Canada, 2013/2014

	Total – 12 to 17 years		12 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males
Self-reported mental health rating	percent					
Excellent or very good	74.3	77.0	80.2	77.9	68.8[†]	76.4*
Good	19.7	19.4	16.5	20.1*	22.7[†]	18.8*
Fair or poor	6.0	3.6*	3.3[†]	2.1[†]	8.5[†]	4.8[†*†]
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[†] use with caution
* significantly different from females, within age group, at $p < 0.05$
[†] significantly different from 12-to-14-year-olds, within sex, at $p < 0.05$
Note: Totals may not add to 100.0% as figures have been rounded.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Girls aged 12 to 17 were more likely than same-aged boys to report having been diagnosed with a mood disorder (e.g., depression, bipolar disorder, mania, dysthymia) or anxiety disorder (e.g., obsessive-compulsive disorder, a panic disorder). Five percent of girls aged 12 to 17 reported having a diagnosed mood disorder, compared with 2.8% of same-aged boys, while 7.4% of 12- to 17-year-old girls and 5.3% of same-aged boys reported having a diagnosed anxiety disorder (Chart 12).

Chart 12
Proportion of population aged 12 to 17 with a diagnosed mood or anxiety disorder, by age group and sex, Canada, 2013/2014



[†] use with caution
* significantly different from females at $p < 0.05$
Note: Respondents were asked whether they had a mood disorder (e.g., depression, bipolar disorder, mania, dysthymia) or anxiety disorder (e.g., obsessive-compulsive disorder or panic disorder), diagnosed by a health professional and expected to last, or having already lasted, at least six months.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Girls aged 15 to 17 more commonly reported having mood disorders than girls aged 12 to 14 (7.3% versus 2.5%[E]). The same was true for boys (3.8% versus 1.5%[E]). This age-related difference was also observed for anxiety disorders, where 9.6% of girls aged 15 to 17 reported having a diagnosed anxiety disorder, compared with 5.2% of girls aged 12 to 14. Among boys, 6.3% of those aged 15 to 17 had a diagnosed anxiety disorder, compared with 4.0% of those aged 12 to 14.

The 2010 Survey of Young Canadians collected data on behaviour related to emotional disorder and anxiety from the parents and guardians of children aged 2 to 9. These data were used to create two Emotional Disorder–Anxiety scales: one for 2- to 3-year-olds and another for 4- to 9-year-olds. On both scales, higher scores are associated with the presence of behaviours related to emotional disorder and anxiety. Average scores increased with age within the 4- to 9-year-old group. For example, the average score on Emotional Disorder–Anxiety was 2.5 (out of a possible 14 points) among girls aged 4 to 5 and 3.0 among girls aged 8 to 9; this difference was statistically significant (data not shown). Girls aged 4 to 5 had a higher average score than same aged boys (2.5 versus 2.2, respectively). There were no statistically significant differences in the average scores of girls and boys in other age groups.

More than 8 in 10 girls aged 12 to 17 report a strong sense of belonging to their local community

Most 12- to 17-year-olds reported having felt a strong sense of belonging to their local community in 2013/2014. About 8 in 10 girls, aged 12 to 17, reported having a "somewhat strong" or "very strong" sense of belonging to their local community (Table 16). A smaller proportion of same-aged boys reported feeling this way (77.8% versus 81.4%). There was no gender gap among girls and boys aged 12 to 14: 86.2% of girls and 85.6% of boys in this age group reported a "somewhat strong" or "very strong" sense of belonging. In contrast, 15- to 17-year-olds were less likely to report a strong sense of belonging to their local community, and boys (71.7%) in this age group were less likely than girls (77.0%) to do so.

Table 16
Population aged 12 to 17, by self-reported sense of belonging to local community, age group and sex, Canada, 2013/2014

	Total – 12 to 17 years		12 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males
Sense of belonging to local community	percent					
Very strong or somewhat strong	81.4	77.8*	86.2	85.6	77.0†	71.7*†
Somewhat weak or very weak	18.6	22.2*	13.8	14.4	23.0†	28.3*†
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

* significantly different from females, within age group, at $p < 0.05$
† significantly different from 12-to-14-year-olds, within sex, at $p < 0.05$
Note: Totals may not add to 100.0% as figures have been rounded.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Almost one-quarter of 15- to 17-year-old girls report high levels of daily stress

In 2013/2014 girls aged 12 to 17 were more likely than boys to report high levels of daily stress (Table 17). Specifically, 17.1% of 12- to 17-year-old girls reported that, on most days, their lives were "quite a bit stressful" or "extremely stressful." A smaller proportion, 9.3%, of same-aged boys reported this level of life stress.

Girls and boys aged 15 to 17 were more likely than their younger counterparts to have reported high levels of daily life stress. Nearly one-quarter (23.5%) of 15- to 17-year-old girls reported most days as having been "quite a bit stressful" or "extremely stressful." This proportion was about double the rate observed among same-aged boys (11.8%).

Table 17
Distribution of self-reported life stress ratings, population aged 12 to 17, by age group and sex, Canada, 2013/2014

	Total – 12 to 17 years		12 to 14 years		15 to 17 years	
	Females	Males	Females	Males	Females	Males
Self-reported life stress rating	percent					
Not at all or not very stressful	42.5	52.4*	52.8	60.6*	32.9†	45.9*†
A bit stressful	40.5	38.4	37.1	33.3	43.6†	42.3†
Quite a bit stressful or extremely stressful	17.1	9.3*	10.2	6.1*	23.5†	11.8*†
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

* significantly different from females, within age group, at $p < 0.05$
† significantly different from 12-to-14-year-olds, within sex, at $p < 0.05$
Note: Totals may not add to 100.0% as figures have been rounded.
Source: Statistics Canada, Canadian Community Health Survey, 2013/2014.

Child care

The need for child care in Canada has grown steadily over the last three decades, in large part reflecting employment trends and changes in family composition. Namely, the proportion of dual-income families and the proportion of lone-parent families have increased during this time, as have employment rates of women more generally.[79,80]

Herein, "child care" refers to care provided by someone other than the child's parent or guardian, including both paid and unpaid child care used on a regular basis. Topics examined include the proportion of children who attend child care on a regular basis, child-care arrangement types, and parental satisfaction with child-care arrangements. Given that child care falls primarily under the jurisdiction of provincial and territorial governments, selected analyses are also presented by province.[81]

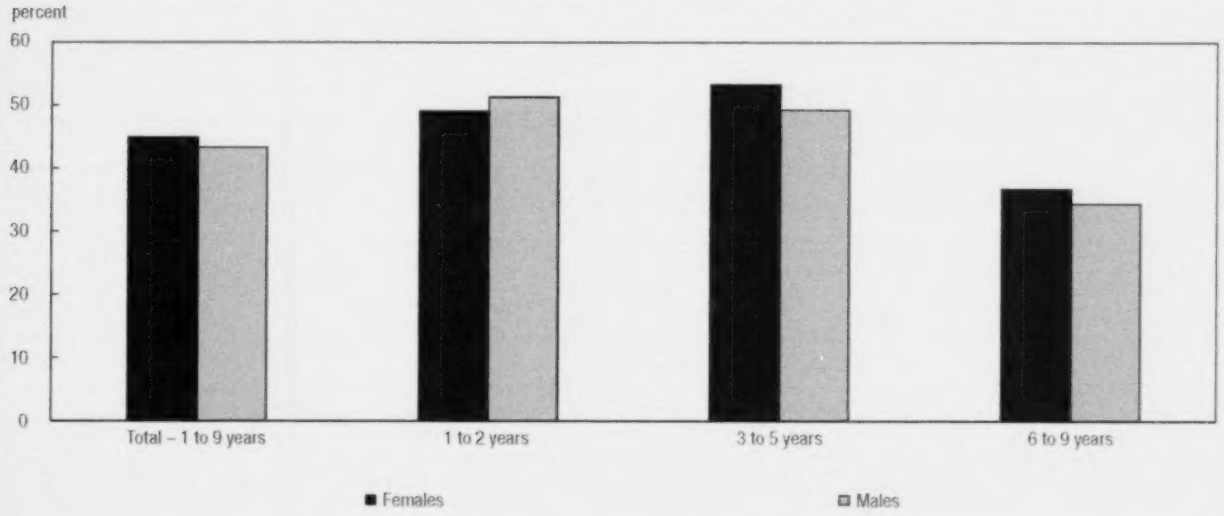
79. Bushnik, T. 2006. *Child care in Canada*. Children and Youth Research Paper Series. Statistics Canada Catalogue no. 89-599-M.
80. Sinha, M. 2014. *Child care in Canada*. Spotlight on Canadians: Results from the General Social Survey. Statistics Canada Catalogue no. 89-652-X.
81. Child care data are from the 2010 Survey of Young Canadians, which was not conducted in the territories.

More than 4 in 10 girls and boys aged 1 to 9 are in child care on a regular basis

The 2010 Survey of Young Canadians asked whether 1- to 9-year-old children were in child care on a regular basis. More than 4 in 10 girls (45.0%) and boys (43.3%) were in regular child care (Chart 13). Children aged 1 to 2 were about as likely as those aged 3 to 5 to be in child care. School-aged girls and boys (those aged 6 to 9) were less likely than younger children to be in regular child care (36.8% and 34.4%, respectively). There were no statistically significant gender differences at any age.

Although the Survey of Young Canadians did not include children younger than 1 in its sample, other research has suggested that the proportion of parents with children this age in child care is relatively small (less than 10%[E]).[82]

Chart 13
Proportion of children aged 1 to 9 years in regular child care, by age group and sex, Canada, 2010

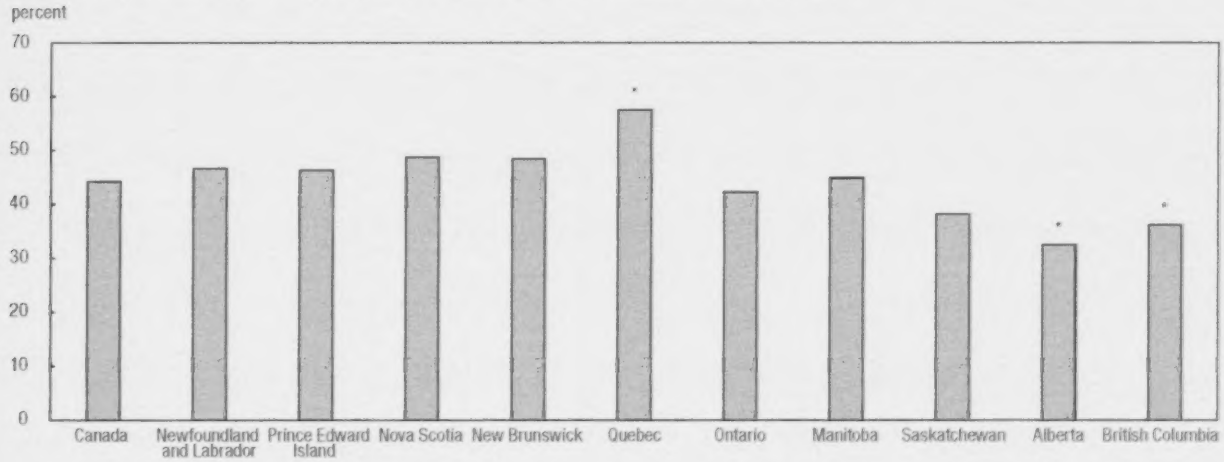


Note: There are no statistically significant differences between females and males within any age group.
Source: Statistics Canada, Survey of Young Canadians, 2010.

Differences in the proportion of children in child care were observed across the provinces. Compared to the overall rate in the provinces, children aged 1 to 9 living in Quebec (57.6%) were more likely to be in child care, and those living in British Columbia (36.1%) and Alberta (32.5%) were less likely (Chart 14).[83]

82. Sinha, M. 2014. *Child care in Canada*. Spotlight on Canadians: Results from the General Social Survey. Statistics Canada Catalogue no. 89-652-X.
83. One possible explanation for higher child care rates in Quebec could be its unique child care system. Currently, Quebec is the only province with a universal government-subsidized child care program. The program is universal in that all parents are eligible for the subsidy. However, not all children are guaranteed a child-care space. At the time of the 2010 Survey of Young Canadians, all parents with a child in a subsidized child-care space paid the same flat fee. Since 2015, parents have been required to pay a basic contribution, as well as an additional contribution adjusted to family income. For information on the subsidized child-care fee structure in Quebec, see Revenu Québec, *Additional Subsidized Childcare Contribution*. Available at http://www.revenuquebec.ca/en/citoyen/situation/parent/autres_infos/contraddsdgsubv.aspx (accessed September 9, 2016).

Chart 14
Proportion of children aged 1 to 9 years in regular child care, Canada, provinces, 2010



* significantly different from Canada at $p < 0.05$
Source: Statistics Canada, Survey of Young Canadians, 2010.

Among those in child care on a regular basis, both girls and boys were in child care for about 20 hours per week. The median number of hours spent in child care decreased as age increased, with 1- to 2-year-olds spending about 35 hours per week in child care, 3- to 5-year-olds spending about 28 hours per week in child care, and 6- to 9-year-olds spending about 9 hours per week in child care.

The majority of children aged 1 to 9 had only one child-care arrangement (87.5%), while some had two or more different providers (12.5%).

Type of child care varies by age and province

According to the 2010 Survey of Young Canadians, daycare centres were the most common child-care arrangement for girls and boys aged 1 to 2 (45.3% and 46.7%, respectively), followed by child care in someone else's home (37.9% and 36.6%, respectively) (Table 18). Among those who were cared for in someone else's home, more than three-quarters were cared for by a non-relative, such as someone working in a home daycare, whereas others were cared for by a family member. Care in the child's own home was less common among girls (11.9%) and boys (12.3%) aged 1 to 2. These types of arrangements were about evenly divided between non-relatives (e.g., a babysitter or nanny) and relatives (e.g., a grandparent).

Daycare centres were also the most common type of child care among 3- to 5-year-old girls and boys (43.3% and 40.5%, respectively), followed by child care in someone else's home (25.8% and 27.3%, respectively). Among this group, however, girls and boys were equally likely to be in care in their own home (10.5% and 10.8%, respectively) or in a nursery school or preschool (10.8% and 10.2%, respectively). Also, because many girls and boys begin kindergarten between the ages of 4 and 5, use of before- and after-school programs appear in this group (9.3% and 9.5%, respectively).

Among school-aged children (6 to 9 years), before- and after-school programs were the most common form of child care for both girls and boys (41.3% and 42.4%, respectively), followed by care in someone else's home (28.0% and 28.3%, respectively). Care in one's own home was the third-most-common type of child-care arrangement for girls and boys in this age group (16.3% and 16.9%[E], respectively).

Table 18
Population aged 1 to 9 years in child care, by main child care type, age group and sex, Canada, 2010

	Total - 1 to 9 years		1 to 2 years		3 to 5 years		6 to 9 years	
	Females	Males	Females	Males	Females	Males	Females	Males
Type of child care	percent							
Daycare centre	31.9	31.7	45.3	46.7	43.3	40.5	10.7[E]	10.0[E]
Care in someone else's home	29.7	30.1	37.9	36.6	25.8	27.3	28.0	28.3
By a non-relative (e.g., home daycare)	20.4	20.8	29.1	28.2	18.4	20.7	16.5[E]	15.0[E]
By a relative	9.3	9.4	8.8[E]	8.4[E]	7.4	6.7[E]	11.5[E]	13.2[E]
Care in child's own home	12.9	13.3	11.9	12.3	10.5	10.8	16.3	16.9[E]
By a non-relative (e.g., babysitter, nanny)	6.8	7.0	6.0[E]	5.8[E]	5.5[E]	5.8[E]	8.6[E]	9.3[E]
By a relative	6.2	6.3	5.9[E]	6.5[E]	4.9[E]	4.9[E]	7.6[E]	7.6[E]
Nursery school or preschool	5.2	4.7	4.2[E]	F	10.8	10.2	0.0	0.0
Before- and after- school program	18.8	18.2	0.0	0.0	9.3	9.5	41.3	42.4
Other child care arrangement	F	1.9[E]	F	F	F	F	F	F
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[E] use with caution
F too unreliable to be published
Notes: Totals may not add to 100.0% as figures have been rounded. There are no statistically significant differences between females and males within age groups.
Source: Statistics Canada, Survey of Young Canadians, 2010.

There were no gender-based differences in child-care arrangements for 1- to 9-year-olds overall or in any of the smaller age groups examined. There were, however, variations by province.

Compared to the overall rate in the provinces (31.8%), children living in Quebec (42.6%) and Prince Edward Island (43.0%) were more likely to receive child care at a daycare centre (data not shown). Lower proportions of children living in Ontario (29.1%), Saskatchewan (24.7%), Alberta (20.4%), Nova Scotia (18.2%), and Newfoundland and Labrador (14.5%[E]) had this as their main child-care arrangement.

Children living in Saskatchewan (56.1%), Nova Scotia (53.9%), Alberta (44.0%), and Prince Edward Island (38.1%) were more likely than the provinces as a whole (29.9%) to be receiving child care in someone else's home. In contrast, children in Quebec were less likely (16.8%) to have this as their main child-care arrangement.

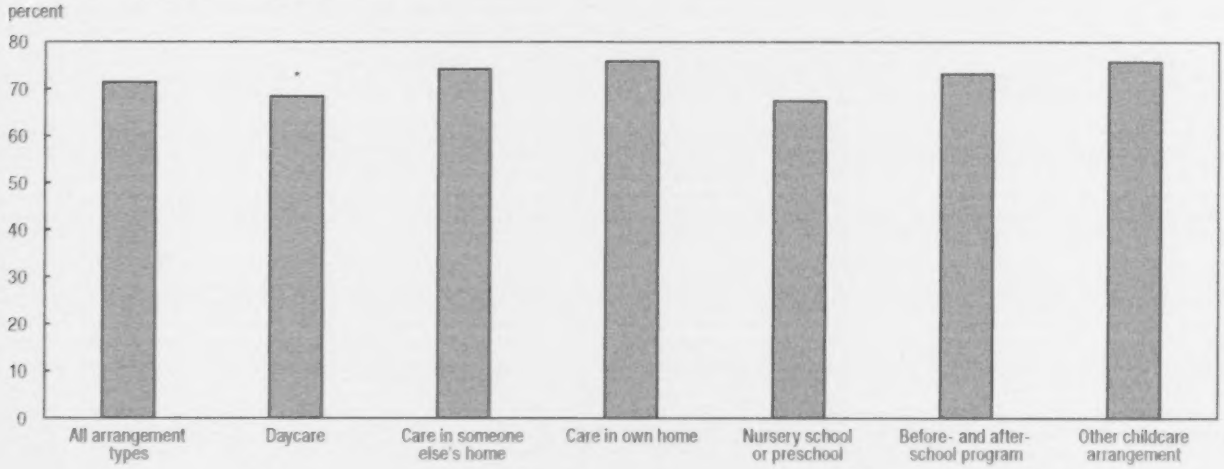
Across the provinces there was substantial variation in the proportion of children receiving child care in their own home. While 13.1% of children received this type of care overall, the proportion was higher in Alberta (21.2%), British Columbia (18.6%) and Ontario (17.5%) and lower in New Brunswick (7.9%[E]), Prince Edward Island (6.6%[E]) and Quebec (4.1%[E]).

Satisfaction with child-care arrangement varies by arrangement type and province

The 2010 Survey of Young Canadians asked parents and guardians of children aged 1 to 5 to indicate their degree of satisfaction ("very satisfied," "satisfied," "dissatisfied," or "very dissatisfied") with the main child-care arrangement for their child. Overall, about 7 in 10 children living in the provinces had parents who indicated that they were "very satisfied" with their child-care arrangement. However, the proportion of children whose parents gave this rating differed by arrangement type and province.

Notably, parents of children in daycare were less likely to indicate that they were "very satisfied" with their child-care arrangement compared with all arrangements combined (68.4% versus 71.5%) (Chart 15). Further analysis revealed that this difference was driven largely by lower satisfaction with centres operated on a for-profit basis than with centres operated on a non-profit basis. While three-quarters (75.3%) of children attending a non-profit child-care centre had parents who were "very satisfied" with their child-care arrangement, this was the case for less than two-thirds (60.7%) of children attending a for-profit centre (data not shown).

Chart 15
Proportion of children whose parents are very satisfied with their main child care arrangement, population aged 1 to 5 years, by childcare arrangement type, Canada, 2010



* significantly different from "all arrangement types" at $p < 0.05$
Source: Statistics Canada, Survey of Young Canadians, 2010.

In addition to the variation observed by arrangement type, satisfaction levels differed by province of residence. Children in Newfoundland and Labrador (79.1%), Prince Edward Island (78.2%) and Nova Scotia (78.5%) were the most likely to have parents who were "very satisfied" with their child-care arrangement. This proportion was lowest (68.5%) among children living in Quebec, although only it was only marginally different from the provinces as a whole (data not shown).[84]

School readiness and support

School readiness is a concept that describes how well a child is equipped to succeed in his or her first year at school. A holistic approach to measuring school readiness takes into account a number of developmental areas linked with later school performance.[85] The Canadian Institute for Health Information (CIHI) takes this approach, describing the proportion of 5-year-olds who are vulnerable in at least one of five developmental domains at school entry.[86] This is assessed through the Early Development Instrument (EDI), a checklist completed by kindergarten teachers that measures a child's physical health, emotional maturity, language and cognitive development, communication skills, and social competence.[87,88] In 2016, CIHI estimated that 20% of 5-year-old girls and 34% of same-aged boys were vulnerable in at least one domain of child development before entering grade 1.[89] Other research has also suggested that girls outperform their male counterparts on several measures of school readiness, including communication skills, attention, independent dressing, and self-control behaviour.[90]

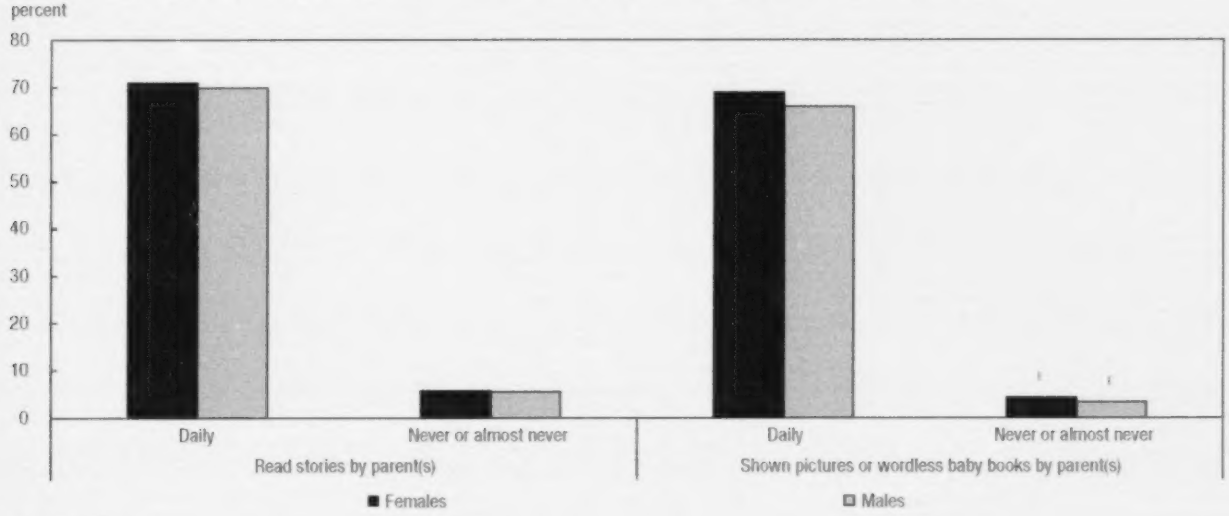
Some of the developmental domains examined by the EDI, namely health and social development, are discussed in previous sections of this chapter. In the following analysis, two specific indicators of school readiness, receptive (or comprehension) vocabulary and number knowledge skills, are examined by sex. It is well established, however, that school readiness is related not only to child characteristics (such as sex, knowledge, and skills), but also to other factors (such as household income, positivity of parent-child interactions, and engagement in particular types of shared activities with parents, including book reading).[91] Although a full analysis of these types of factors is beyond the scope of this chapter, the analysis that follows begins with an assessment of one type of support known to be related to school readiness: home literacy activities.[92]

84. $p < 0.05$.
85. UNICEF. 2012. *School Readiness: A Conceptual Framework*. Available at http://www.unicef.org/education/files/ChildChild_ConceptualFramework_FINAL(1).pdf (accessed July 15, 2016).
86. Canadian Institute for Health Information. 2016. *Children Vulnerable in Areas of Early Development*. Available at https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/013/children-vulnerable-in-areas-of-early-development/;mapC1;mapLevel2;/ (accessed February 8, 2017).
87. Offord Centre for Child Studies, McMaster University. *Early Development Instrument*.
88. Janus, M., and D. Offord. 2007. "Development and Psychometric Properties of the Early Development Instrument (EDI): A Measure of Children's School Readiness." *Canadian Journal of Behavioural Science*, vol. 39, no. 1.
89. Canadian Institute for Health Information. 2016. *Children Vulnerable in Areas of Early Development*. Available at https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/013/children-vulnerable-in-areas-of-early-development/;mapC1;mapLevel2;/ (accessed February 8, 2017).
90. Thomas, E. 2006. *Readiness to learn at school among five-year-old children in Canada*. Children and Youth Research Paper Series. Statistics Canada Catalogue no. 89-599-M.
91. Ibid.
92. Data related to school readiness and support are from the 2010 Survey of Young Canadians, which was not conducted in the territories.

The majority of 1- to 2-year-olds are read to by a parent on a daily basis

Early literacy activities, such as shared book reading with infants and toddlers, have been linked to gains in the development of both their receptive (or comprehension) vocabulary and their expressive vocabulary.[93] Data from the 2010 Survey of Young Canadians show that about 7 in 10 girls (70.9%) and boys (69.8%) aged 1 to 2 were read stories daily by at least one parent (Chart 16). Relatively few girls (5.7%) and boys (5.5%) aged 1 to 2 were very rarely or never read to.

Chart 16
Population aged 1 to 2 years, by frequency of selected home literacy activities and sex, Canada, 2010



† use with caution
Note: There are no statistically significant differences between females and males.
Source: Statistics Canada, Survey of Young Canadians, 2010.

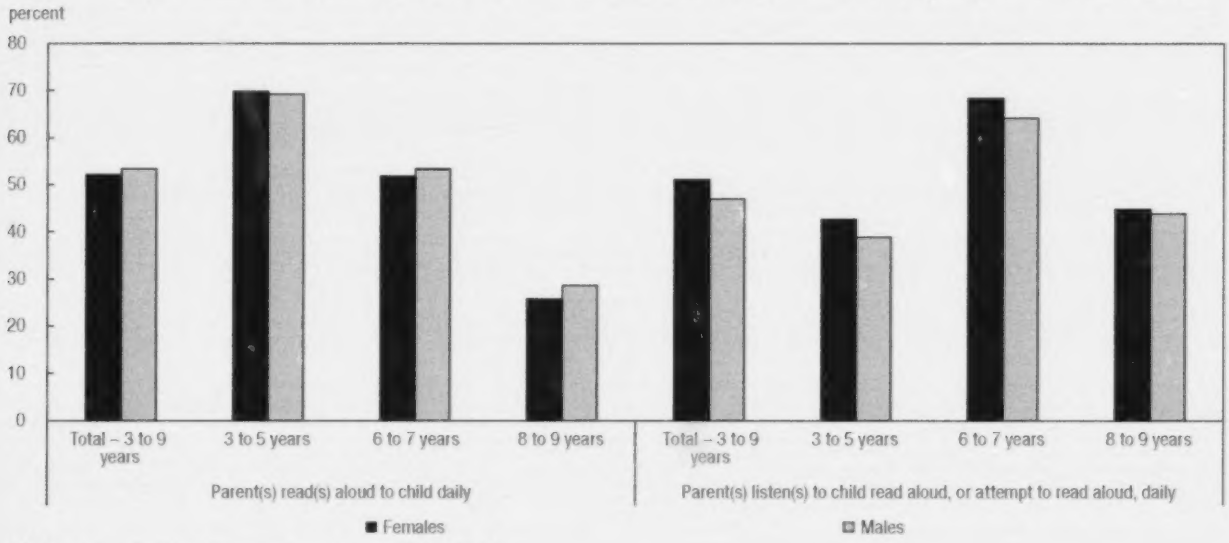
Beyond reading aloud, simply showing young children pictures and wordless baby books is an opportunity to engage in episodes of "joint attention" and communication, both of which foster vocabulary development.[94] As with reading children stories, most parents of 1- to 2-year-olds indicated that they spent time each day showing their child pictures or wordless baby books. More than two-thirds of girls (68.8%) and boys (65.9%) were engaged by at least one parent in this type of activity on a daily basis.

Over the first years of school, parents listen more and read aloud less

The 2010 Survey of Young Canadians showed that more than half of girls (52.2%) and boys (53.4%) aged 3 to 9 were read to daily by at least one parent (Chart 17). Over the first few years of school, as children begin developing their own reading skills, there is a shift away from daily reading aloud on the part of parents and towards parents listening to their child's attempts to read. For example, while about 7 in 10 girls and boys aged 3 to 5 were read to daily by a parent, this was the case for about half of girls and boys aged 6 to 7 (roughly grades 1 and 2) and about one-quarter of girls and boys aged 8 to 9 (roughly grades 3 and 4).

93. Karass, J., and J.M. Braungart. 2005. "Effects of shared parent-infant book reading on early language development." *Journal of Applied Developmental Psychology*, vol. 26, issue 2.
94. Schmitt, S., A. Simpson, and M. Friend. 2011. "A longitudinal assessment of the home literacy environment and early language." *Infant and Child Development*, vol. 20.

Chart 17
Proportion of population aged 3 to 9 engaged daily in selected home literacy activities, by age group and sex, Canada, 2010



Note: There are no statistically significant differences between females and males.
Source: Statistics Canada, Survey of Young Canadians, 2010.

At the same time, the proportion of children who were listened to reading or attempting to read on a daily basis increased from less than half of girls (42.7%) and boys (38.8%) aged 3 to 5, to 68.4% of girls and 64.1% of boys aged 6 to 7. The proportion of children aged 8 to 9 who were listened to reading on a daily basis was similar to that observed among children aged 3 to 5.

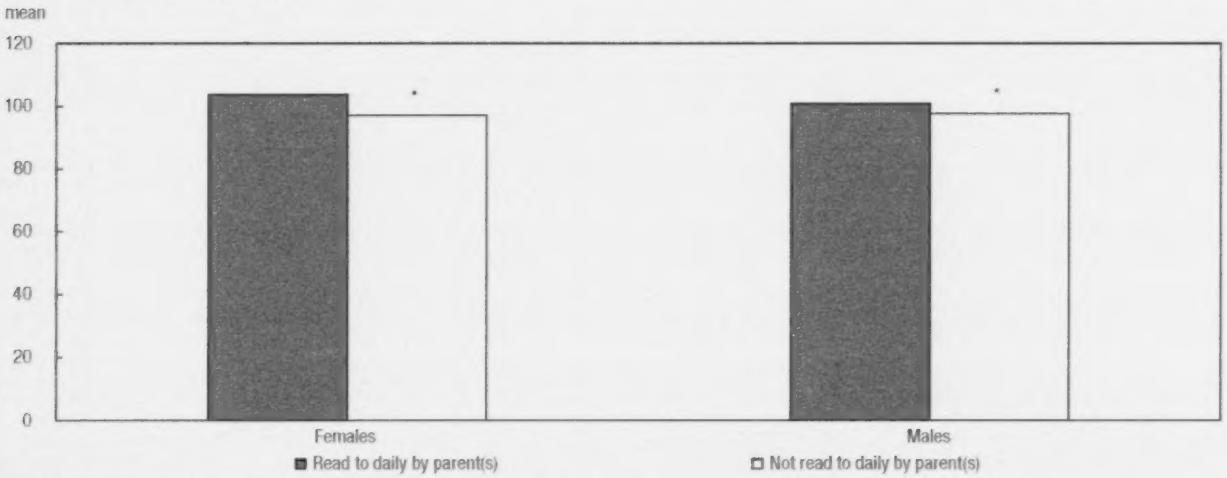
Children who are read to daily have higher scores on receptive vocabulary

Receptive vocabulary (or comprehension vocabulary) at age 4 and 5 has been shown to be related to several measures of later school achievement.[95] The 2010 Survey of Young Canadians included a direct measure of children's receptive vocabulary obtained using the Peabody Picture Vocabulary Test – Revised (PPVT-R). In this test, children were asked to look at pictures on an easel and to identify the picture that matched the word the interviewer read aloud. Scores presented in this analysis were standardized by age (since 5-year-olds are expected to perform better than 4-year-olds) and by the language in which the test was conducted.

Overall, girls aged 4 to 5 had an average PPVT-R score of 101.7, whereas boys had an average of 99.9; this difference was statistically significant. As indicated in a previous section, receptive vocabulary is related to certain home literacy activities, such as being read to aloud by a parent. This was reflected in data from the 2010 Survey of Young Canadians. Girls who were read to daily had an average PPVT-R score of 103.7, while those who were not had an average score of 97.0 (Chart 18). A similar pattern was observed among boys.

95. Thomas, E. 2009. *Canadian nine-year-olds at school*. Children and Youth Research Paper Series. Statistics Canada Catalogue no. 89-599-M.

Chart 18
Receptive vocabulary score of children who are read to daily and children who are not read to daily, population aged 4 to 5 years, by sex, Canada, 2010



* significantly different from children read to by parents daily, within sex, at $p < 0.05$

Note: Receptive vocabulary, also known as comprehension vocabulary, is measured using the Peabody Picture Vocabulary Test – Revised (PPVT–R). Scores are standardized by age in months and by test language (English or French).

Source: Statistics Canada, Survey of Young Canadians, 2010.

Girls aged 4 to 5 are less likely than boys to be below age level on number knowledge

Number knowledge at 4 to 5 years of age has been linked to a range of school achievement outcomes, including mathematical ability and likelihood of repeating a grade.[96] In the 2010 Survey of Young Canadians, the Number Knowledge assessment developed by Okamoto and Case[97] was used to determine the age-equivalent level at which children aged 4 to 5 understood numbers.

Most children were at or above age level on number knowledge. However, 4.1%[E] of girls and 7.4% of boys in this age group had not yet reached the 4-year-old level; this difference was statistically significant (data not shown).

School experience and acquired skills

Many interconnected factors work together to produce a child's experience of school. Broadly, these include social experiences, such as relationships with teachers and peers, and academic experiences, such as learning and evaluation. The ways in which children experience school contribute importantly to their mental well-being and future educational outcomes.[98] Notably, school experience is shaped by perception, which differs between individuals. For example, faced with the same work load, one student may feel a lot of pressure while another may be relatively unfazed. For this reason, it is important that analysis of school experience include not only more tangible measures, such as test scores, but also measures of perceived experience.

In the following sections, findings from the Health Behaviour in School-aged Children survey and the Programme for International Student Assessment are used to describe two very broad components of school experience: perceived experience and academic skills.[99]

Girls more likely than boys to report liking school a lot at age 11, but more likely to feel pressured by school work at ages 13 and 15

Health Behaviour in School-aged Children (HBSC) is a cross-national study conducted in collaboration with the World Health Organization. The aim of the survey is to collect data on the well-being, social environment, health, and health behaviour of 11-, 13-, and 15-year-old girls and boys. Data is collected every four years in more than 40 countries in Europe and North America. The Canadian HBSC survey is funded by the Public Health Agency of Canada and is

96. Ibid.
97. Okomato, Y., and R. Case. 1996. "Exploring the Microstructure of Children's Central Conceptual Structures in the Domain of Number." Monographs of the Society for Research in Child Development, vol. 61, nos. 1 and 2.
98. McLaughlin, C., and B. Clarke. 2010. "Relational matters: A review of the impact of school experience on mental health in early adolescence." *Educational and Child Psychology*, vol. 2, no. 1.
99. For more information on academic skills, see S.-J. Ferguson, 2016. "Women and Education: Qualifications, Skills and Technology." *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.

carried out by a research team at Queen's University.[100] The analysis below focuses on one aspect of child well-being, perceived experience of school, using data from the 2013/2014 HBSC International Report.[101]

Children's reports on the degree to which they like school is a useful indicator of overall school experience. It allows children to consider the aspects of schooling most important to them as individuals in assessing their experience. Liking school has been linked to positive health outcomes, while not liking school is associated with greater incidence of health risk behaviours, poorer self-rated health and poorer mental health.[102]

The 2013/2014 HBSC asked children to rate how they felt about school on a scale from "liking it a lot" to "not liking it at all." Eleven-year-old girls were more likely than same-aged boys to report that they liked school a lot (37% versus 30%). The proportion of girls and boys who reported that they liked school a lot decreased with age. Among those aged 13 (29% and 26%, respectively) and 15 (both 20%), there were no significant gender differences.

Peer relationships are an important aspect of the school experience. Positive peer relationships constitute an important source of support, contribute to sense of belonging, and are associated with higher feelings of self-esteem.[103] As a measure of social support at school, the 2013/2014 HBSC asked children to indicate their level of agreement with the statement that their "classmates are kind and helpful." Eleven-year-old girls and boys were the most likely to agree with this statement (73% and 70%, respectively). However, girls and boys aged 13 (61% and 63%, respectively) were less likely and those aged 15 were the least likely (53% and 56%) to agree that their classmates are kind and helpful. While this measure is a good indicator broad perceptions of classmates, it does not preclude the possibility of having a smaller set of strong friendships, which may be particularly important as a source of support.[104]

Quite contrary to the idea of peer relationships as a source of support, peers can also contribute to mental distress through social exclusion and bullying. This topic is treated in the section on personal security, later in this chapter.

Perceived pressure by school work is another measure of school experience that is negatively associated with mental health. The 2013/2014 HBSC showed that perceptions of pressure from school work increased with age for both girls and boys, although the increase was larger for girls. While 11-year-old girls and boys were equally likely to report being pressured by school work (25% and 27%, respectively), gender differences appeared in older age groups, with girls feeling more pressured than boys. Among 13-year-olds, 43% of girls indicated that they were pressured by school work, compared with 35% of boys. More than half of 15-year-old girls (55%) reported being pressured by school work, compared with 43% of boys.

Although 13- and 15-year-old girls were more likely than same-aged boys to have reported feeling pressured by school, they were also more likely to have perceived themselves as performing well in school. Three-quarters (75%) of 13-year-old girls perceived their performance in school as "good" or "very good", compared with two-thirds (66%) of same-aged boys. This was true of 71% of 15-year-old girls and 64% of same-aged boys. This gender difference was also observed among 11-year-old girls and boys, who were the most likely to have perceived their school performance as "good" or "very good" (80% versus 75%).

Girls are more likely to expect a career in science, particularly in health-related professions

The Programme for International Student Assessment (PISA) evaluates the skills and knowledge of 15-year-old students across member countries of the Organisation for Economic Co-operation and Development (OECD) every three years.[105] The main focus of PISA 2015 was science, with reading and mathematics as minor assessment areas.[106,107] PISA 2015 performance scores presented in this section are from Measuring up: Canadian Results of the OECD PISA Study, a report prepared by the Councils of Ministers of Education Canada.[108]

Overall, girls and boys in Canada had similar average scores on the science component of PISA 2015 (527 and 528, respectively). Likewise, science scores were comparable for girls and boys within each of the provinces.[109]

100. Public Health Agency of Canada. Health Behaviour in School-aged Children. Available at http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/school-scolaire/behaviour-comportements/index-eng.php (accessed July 26, 2016).
101. World Health Organization. *Growing up unequal: gender and socioeconomic differences in young people's health and well-being.* Health Behaviour in School-aged Children (HBSC) study: International Report from the 2013/2014 Survey. J. Inchley, D. Currie, T. Young, et al., eds. Copenhagen, World Health Organization (WHO) Regional Office for Europe. Available at http://www.hbsc.org/publications/international/ (accessed July 26, 2016).
102. Ibid.
103. McLaughlin, C., and B. Clarke. 2010. "Relational matters: A review of the impact of school experience on mental health in early adolescence." *Educational and Child Psychology*, vol. 2, no. 1.
104. Ibid.
105. Organisation for Economic Co-operation and Development. *Programme for International Student Assessment (PISA).* Available at http://www.oecd.org/pisa (accessed July 26, 2016).
106. Organisation for Economic Co-operation and Development. *PISA 2015 Results in Focus.* Available at https://www.oecd.org/pisa/pisa-2015-results-in-focus.pdf (accessed January 16, 2017).
107. Other assessment areas in PISA 2015 included collaborative problem solving and financial literacy.
108. This section provides a broad overview of 15-year-olds performance in reading, mathematics, and science in PISA 2015. For more information, see K. O'Grady et al., 2016. "The Performance of Canada's Youth in Science, Reading and Mathematics: 2015 First Results for Canadians Aged 15." *Measuring up: Canadian Results of the OECD PISA Study.* Councils of Ministers of Education Canada. Available at http://cmec.ca/Publications/Lists/Publications/Attachments/365/Book_PISA2015_EN_Dec5.pdf (accessed January 17, 2017).
109. Data were not collected in the territories.

Although girls and boys scored similarly on the 2015 PISA science assessment, they expressed different attitudes towards science. For instance, girls scored lower on a measure assessing enjoyment of scientific learning.[110] On the other hand, girls were more likely than boys to expect that at age 30 they would be working in a science-related occupation (36.5% versus 31.2%).[111] Specifically, girls were more likely than boys to report that they expected to work as health professionals (28.8% versus 9.6%), and as technicians or associate professionals (0.8% versus 0.4%). Girls were less likely than boys to report that they expected to work as science and engineering professionals (6.6% versus 17.5%) and as information and communications technology (ICT) professionals (0.3% versus 3.7%).

Since 2000, girls have consistently scored significantly higher than boys on the PISA reading assessment.[112] In 2015, girls had an average reading score of 540, compared with boys' average of 514. Girls outperformed boys in reading across all provinces, with the gender gap ranging from 18 points in Newfoundland and Labrador to 36 points in Prince Edward Island.[113]

In mathematics, girls had a lower average score than boys overall (511 versus 520, respectively). However, there were no significant gender differences in the mathematics scores of students in Prince Edward Island, Nova Scotia, New Brunswick, Manitoba or Saskatchewan.

Social activities

Extracurricular social activities offer young people many benefits including the development of skills, a sense of community belonging, and an opportunity to make friends. There is scarce recent data on the social activities of young people in Canada. However, the General Social Survey collects data on several types of social activities among 15- to 17-year-olds. Two of these—volunteering, and participating in organizations and associations—are discussed below.[114]

More than 8 in 10 girls aged 15 to 17 volunteered in the previous year

Volunteers are important contributors to community well-being. At the same time, there are many personal benefits to volunteering, including the ability to develop new skills, meet new people, and develop a sense of community belonging.

Girls aged 15 to 17 were more likely than same-aged boys to report having volunteered in the 12 months prior to the 2013 General Social Survey on Giving, Volunteering and Participating (81% versus 65%) (data not shown). Among those who had volunteered, girls were more likely than boys to indicate that they had volunteered at more than one organization (65% versus 48%). On the other hand, girls and boys spent a similar median number of hours at their main volunteering activity during the previous year (30 hours versus 36 hours, respectively).

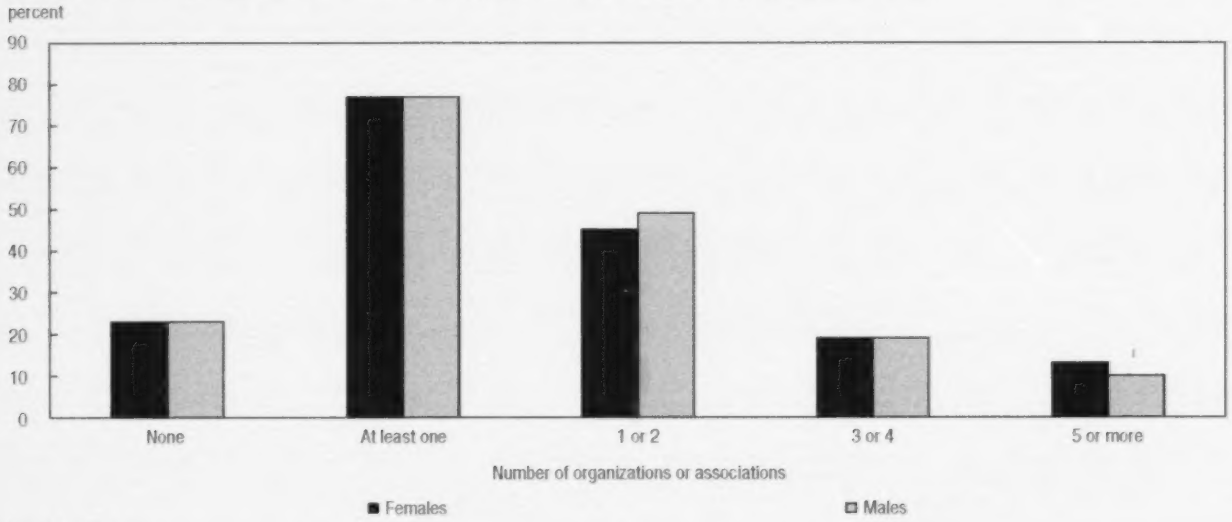
It is possible that high volunteering rates among teenagers are related to the fact that many provinces now include volunteer hours as a requirement for high school graduation.[115] However, the majority of girls (82%) and boys (75%) reported that they had not been required to volunteer at their main volunteering activity (data not shown). Among those who were required to volunteer at their main volunteering activity, 87% of girls and 58%[E] boys reported that they had been required to do so by their school.

Nearly 80% of 15- to 17-year-olds participate in at least one group, organization or association

Almost 8 in 10 girls and boys aged 15 to 17 (both 77%) indicated that they had participated in at least one group, organization or association (hereinafter referred to as group) in the 12 months prior to the 2013 General Social Survey on Social Identity (Chart 19). Nearly half of 15- to 17-year-olds were involved in one or two groups. However, nearly 20% were involved in three or four groups, and more than 10% were involved in five or more groups. There were no statistically significant gender differences in the number of groups in which 15- to 17-year-olds participated.

110. Organisation for Economic Co-operation and Development. *PISA 2015 Results: Excellent and Equity in Education*, vol. 1. Available at http://www.oecd.org/education/pisa-2015-results-volume-i-9789264266490-en.htm (accessed January 19, 2017).
111. Ibid.
112. Ferguson, S.-J. 2016. "Women and Education: Qualifications, Skills and Technology." *Women in Canada, 7th Edition*. Statistics Canada Catalogue no. 89-503-X.
113. Data were not collected in the territories.
114. Data were not collected in the territories.
115. Volunteering is also a high school graduation requirement and/or credit option in the Northwest Territories, Yukon and Nunavut. However, data were not collected in the territories.

Chart 19
Participation in organizations and associations, population aged 15 to 17, by sex, Canada, 2013



[E] use with caution
Note: There are no statistically significant differences between females and males.
Source: Statistics Canada, General Social Survey on Social Identity, 2013.

The three types of groups in which girls and boys were the most likely to participate were sports and recreational organizations (69% and 72%, respectively), school and community groups (44% and 39%, respectively), and cultural, educational or hobby organizations (41% and 31%, respectively) (Table 19).

Table 19
Proportion of population aged 15 to 17 who participated in specified types of groups, organizations and associations, by sex, Canada 2013

Type	Females	Males
	percent	
Sports or recreational organization	69	72
School or community group	44	39
Cultural, educational, or hobby organization	41	31
Religious group	23	19
Youth organization	20	21
Union or professional association	14[E]	11[E]
Service club	8[E]	8[E]
Other	14[E]	9[E]

[E] use with caution
Notes: Base is respondents who participated in at least one group, organization or association. There were no statistically significant differences in the proportion of females versus males who participated in any type of group, organization or association.
Source: Statistics Canada, General Social Survey on Social Identity, 2013.

Personal security

Violence exists in many forms, including verbal assault and physical assault. It can be perpetrated by a stranger or by a person known to the victim, such as a friend, a family member or an acquaintance. In any context, violence against women, girls, men and boys leaves its mark, both physically and mentally. This chapter examines three indicators of violence: bullying (at school and online), police-reported family violence and homicide.[116]

116. More information on violence against and by women will be included in an upcoming chapter of *Women in Canada* pertaining to women and the criminal justice system.

More than 3 in 10 girls aged 11 to 15 report being bullied at school

The 2013/2014 Health Behaviour in School-aged Children (HBSC) survey asked 11-, 13-, and 15-year-olds how often they had been bullied at school in the "last couple of months."[117] On the basis of these data, the WHO reported that 39% of 11-year-old girls and 38% of 11-year-old boys indicated that they had been bullied at school at least once in the last couple of months. Although the proportions of girls and boys who reported having been bullied were similar among 11-year-olds, a statistically significant gender difference was observed among 13-year-olds. Within this age group, 43% of girls reported having been bullied in the last couple of months, compared with 33% of boys. There was no statistically significant difference, however, between the proportion of 15-year-old girls (32%) and the proportion of boys (29%) who had been bullied.

More than 10% of 15- to 17-year-old girls and boys have been bullied online

The 2014 General Social Survey on Canadians' Safety (Victimization) asked respondents aged 15 and over whether they had been the victim of online bullying, also referred to as cyberbullying.[118] Cyberbullying is the use of the Internet to embarrass, intimidate or threaten someone. This can be done in many different ways, including sending instant messages or e-mails directly to the victim, in messages that may or may not include others, or by posting on Internet sites. Some examples of cyberbullying include posting embarrassing photographs of the victim or stealing a victim's identity to send messages or post online.

In 2014, 16% of girls and 12% of boys aged 15 to 17 reported having been cyberbullied in the previous 5 years (data not shown). Among those who had been cyberbullied, 37%[E] of girls and 29%[E] of boys indicated that they had been the victim of cyberbullying at least once in the previous year.

Among those who had been cyberbullied in the previous 5 years, about 6 in 10 girls (61%) and boys (63%) indicated that they were the sole recipient of an aggressive or threatening e-mail or instant message (data not shown). Nearly half of female victims (48%[E]) and 37%[E] of male victims indicated that they had been the target of a threatening or aggressive comments spread through group e-mails, instant messages or postings on Internet sites. More than one-quarter of female (29%[E]) and male (26%[E]) victims of cyberbullying indicated they had been the target of other forms of cyberbullying, such as having embarrassing or threatening photos shared with others, or having their identity stolen to post embarrassing or threatening information.

Rates of family violence highest for girls in the territories

Using data from the Uniform Crime Reporting Survey (UCR) and the Homicide Survey, the Canadian Centre on Justice Statistics reports annually on rates of police-reported family violence against children (aged 17 and under).[119] It is important to note that these data include only incidents of family violence reported to the police; they do not include unreported family violence. Family violence refers to violent criminal offences in which the perpetrator is related to the victim through blood, marriage, common-law partnership, foster care or adoption. It includes all criminal code offences, ranging from uttering threats to sexual violence to homicide.

In 2014, girls were more likely than boys to have been the victim of police-reported family violence (289.1 per 100,000 population and 189.7 per 100,000 population, respectively).[120] Rates of family violence were lowest among infant girls and boys under the age of 1 year (76.8 per 100,000 population and 80.2 per 100,000 population, respectively). The risk of family violence perpetrated against children peaked at age 15 for both females (534.6 per 100,000 population) and males (247.5 per 100,000 population). However, females between the ages of 14 and 17 were twice as likely as males to have been the victims of police-reported family violence (data not shown).

Rates of police-reported family violence were highest in the territories (Chart 20). The rate of police-reported family violence against girls was 1,840.4 per 100,000 in Nunavut, 1,269.8 in Yukon and 1,224.0 in the Northwest Territories. Police-reported family violence rates were 2.4 times as high among girls as among boys in Yukon, and nearly twice as high among girls as among boys in the Northwest Territories and Nunavut.

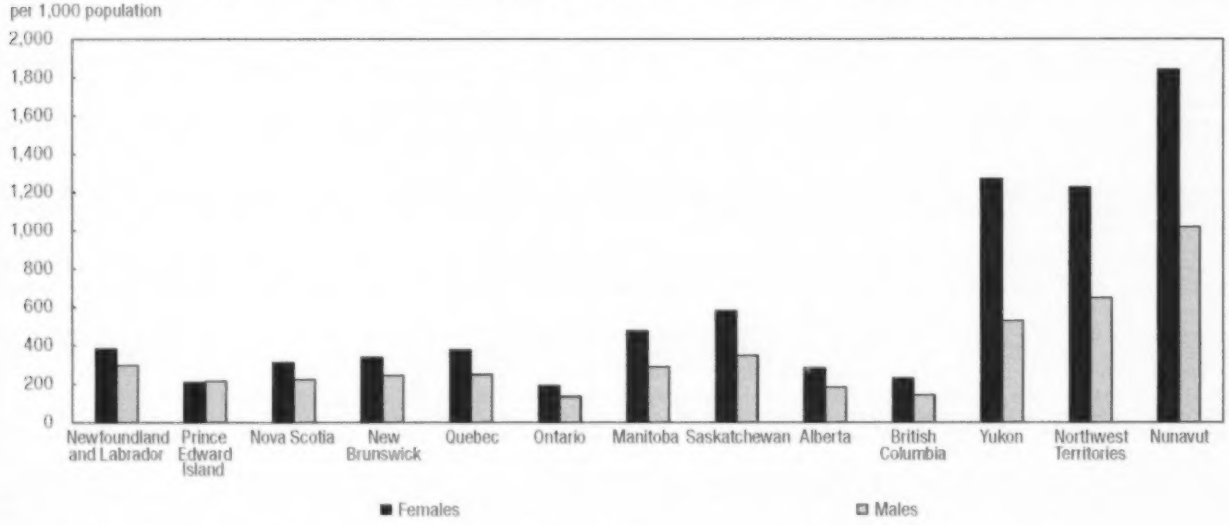
117. World Health Organization. *Growing up unequal: gender and socioeconomic differences in young people's health and well-being.* Health Behaviour in School-aged Children (HBSC) study: International Report from the 2013/2014 Survey. J. Inchley, D. Currie, T. Young, et al., eds. Copenhagen. World Health Organization (WHO) Regional Office for Europe. Available at http://www.hbsc.org/publications/international/ (accessed July 26, 2016).

118. The analysis in this section uses the main survey file. It excludes data collected in the territories.

119. Ibrahim, D., and M. Karam. 2016. "Family violence in Canada: a statistical profile, 2014." *Juristat*, vol. 36, no. 1. Statistics Canada Catalogue no. 85-002-X.

120. Ibid.

Chart 20
Police-reported family violence rate, population aged 17 and under, by sex, provinces and territories, 2014



Notes: Rates are calculated on the basis of 100,000 population of children. Populations based on July 1 population estimates from Statistics Canada, Demography Division.
Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey.

Physical assault and sexual offences were the most common types of police-reported family violence against both girls and boys (Table 20). The rate of physical assault against girls and boys was similar (136.0 per 100,000 population and 132.9 per 100,000 population, respectively). In contrast, the rate of police-reported sexual violence was more than four times higher among girls than among boys (121.8 per 100,000 population versus 28.5 per 100,000 population).

Table 20
Police-reported family violence rate, population aged 17 and under, by type of offence and sex, Canada, 2014

Type of offence	Females	Males
	rate per 100,000 population	
Violations causing death	0.4	0.4
Attempted murder	0.4	0.3
Sexual offences	121.8	28.5
Physical assault	136.0	132.9
Kidnapping/abduction	5.8	5.4
Other violent crimes	24.6	22.2

Notes: Rates are calculated on the basis of 100,000 population of children. Populations based on July 1 population estimates from Statistics Canada, Demography Division.
Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey.

Child homicide, including the criminal code offences of murder, manslaughter and infanticide, is rare in Canada. Data from the Homicide Survey show that, over the decade spanning 2005 to 2015, the number of child homicides peaked at 76 homicides in 2009. Since then, the number of homicides has decreased. In 2015, there were 49 homicides (20 girls and 29 boys) of children aged 17 and under.[121]

121. Statistics Canada. CANSIM Table 253-0003 (accessed January 11, 2017).